

geco RM137

3FX - AIR PATROLS

3FZ - DETAILED INSPECTIONS

1CS - MAINTENANCE STEEL, EXPENSE

1CW - " WOOD

HONCUT SUB DOWN TO SOLANO

EAST TO BORDER

115-60kV - PURPLE GRN

230kV - BLUE

LC - LINE CORRECTIVE

TLM -

CT - COE

TLN - LINE, TRANS HQ

CD - THIRD PARTY REIMBURSE
DAMAGE CLAIM

TLP - POLES

TLT - TOWER

TLV - VEGETATION

TLX - ~~POLE~~ REPLACEMENT
CONTRACTS

STEADY STATE - OCT 2013, NO LONGER HAVE "f"
PROCESS

"E" - 1 yr

1 CIRCUIT UG - ATLANTIC - DEL MAR - 115kV

- HANDLED BY UG GROUP - MARTIN SUB. LOCATION

- VAULTS

HQ

WOODLAND-DAVIS

2/51 - 3/61

OBJECT LIST IN SAP

- E-MAIL FROM SUPERVISOR TO ASSET MANAGEMENT FOR MULTIPLE LOCATIONS
- SINGLE OBJECT USES "REQUEST TO ADD EQUIP RECORDS TO THE ASSET REGISTRY"

DIXON - VACA #2

ETL - 6740

DIXON - VACA #1

ETL - 6736

7/168 - FOLLOW UP

7/176 - ABANDONED FACILITIES - PIC *

WOODLAND

~~WILSON~~ - DAVIS - 64/0 - GUEST

MURRAY TRAIL

NICOLAVS - PLAINFIELD - 60/10 - 23/380 - HOST

IN-N-OUT WOODLAND - 2011 BRUNN ESTATE DR

- IS CLIMBING GUARD REQUIRED?

- NO STEPS FIRST 15' UP

FOOTINGS, STEEL, BENT MEMBERS, MISSING BOLTS

WOODLAND - DAVIS ETL 4210

2 - HOW OFTEN IS OSMOSE SENT FOR VISUAL INSP.?
BY TIME BEFORE TCT 10 YR MARK.

- 2001 POLE, 20' 10" VISUAL

E POLE - 14' FROM BOTTOM TO BADGE

ELAN - 10' FROM BOTTOM TO "

IT REQUIRE TCT? 15 YRS? 20 YRS?

VALMONT - SELF WEATHERING STEEL POLES

- WHAT TRIGGERS REPLACEMENT?

- HOW DO YOU TEST FOR STEEL PENETRATION?

WOOD LAM - DAVIS

1/23 - FOLLOW UP ON SHELL THICKNESS
94%.

4/4 /14

PLACER - DEL MAR 5/10

C - STUBBED LAST TAT - REQUESTED /
TAG FOR STUB

10/228 - 2011 OSMOSE

DEL MAR - ATLANTIC #2 2/68

- LAST INSPECTION? GROUND INSPECT

- TAT? NOTIFICATIONS FOR REPLACE? YES, REPLACE

- N-TAG - NON-STUBBABLE -

- IS BUCK POSITION ACCOUNTED FOR? ADDED TO CALC.

- VEG ABOVE GUY - WIND BLOWN IN CONTACT
MORE CONSERV.

- CONCERN, CREATED NOTIFICATION

- DETERIORATED HIGH SIGN?

to cover possible sites - 4/4/19

#

Prepared by Weaver, Jason 1/10/2013

[illegible]

DEPTH	S.F.	TOTAL LOAD
-------	------	------------

10.5	3.2	62364 ft/lbs
------	-----	--------------

10.5	100	N/A
N/A	100	0 ft/lbs

N/A	100	0 lbs
10.5	11.16	878 lbs

[illegible]

HEAD	130°	EM	40°
11820			
12600			

BACK	11830	12600	0'
------	-------	-------	----

16430	16500	20650
-------	-------	-------

ION 2	N/A		
-------	-----	--	--

AHEAD SPAN CLEARANCES

TEMPU-	TO	BTWN.
--------	----	-------

RAILROAD	GROUND	WIRES
EMGENCY	36.68'	

130°	36.03'
------	--------

TRA			
AHI	COLD	43.40'	

EMGENCY	25.28'	9.20'
130°	25.24'	

DIS	
130	23.24
COLD	26.83

2	EMGENCY	N/A
		N/A

130°	N/A
COLD	N/A

	COLD	N/A	---
--	------	-----	-----

0'	BACK SPAN CLEARANCES
----	----------------------

[illegible]

36.68'	EMGENCY	
--------	---------	--

TRANS	130°	36.03'
BACK		

TR	COLD	43.40'	1
BA	EMGENCY	25.28'	9.20'

ST 1	130°	25.24'	
------	------	--------	--

D	COLD	26.83'	—	▲
---	------	--------	---	---

EMGENCY	N/A	N/A
130°	N/A	N/A

DIS		
COLD		
N/A		

...

AGE DATA

NOT USED

NOT USED

NOT USED

NOI USED	
BE DATA	

UBB IS NOT USED

L



N



STRUCTURE WARNINGS

WOOD GRADE A
CALCULATION SHEET

LINE NAME: Placer-Dal Mar
POLE # 10/228
LOCATION # 1
ORDER # 31034687

UNGUED POLE REQUIREMENT:
60' CLASS H1 SET 9' DEEP
POLE LOADING REPRESENTS CURRENT CONDITION

SAFETY FACTOR= 4.66

POLE SIZING: AUTOMATIC
POLE LENGTH: 60ft
SOIL: MEDIUM(500PSF)
INSULATION DIST: B,C,D DEPTH: 9'

RECOMMENDED SET

S FRAMING: 3HPD (115KV)
AHEAD
AH SPAN 232' HEIGHT 41.83' ANGLE 0
OF CONDUCTORS NORMAL (3) 2700 Lbs
DE TENSION 2700 Lbs
GUY FACTOR: 0.00
GUY LEAD 2700 Lbs
STRUT HEIGHT 0.0'

MISSION BACK
BK SPAN 251' EXTRA HORIZ. LOAD OF: 2700 Lbs
DE TENSION 2700 Lbs
GUY FACTOR: 0.00
GUY LEAD 2700 Lbs
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
RIBUTION 1
AH SPAN 251' BK SPAN 251' ANGLE 0
OF CONDUCTORS 3
DE TENSION 30.8' 29'
GUY FACTOR: 1.43
GUY LEAD 29'
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
RIBUTION 2
AH SPAN 232' BK SPAN 232' ANGLE 0
OF CONDUCTORS 3
DE TENSION 31.0'
GUY FACTOR: 0.00
GUY LEAD 0'
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
LANEIOUS 1
AH SPAN 251' BK SPAN 251' ANGLE 0
OF CONDUCTORS 0
DE TENSION 0.0'
GUY FACTOR: 0.00
GUY LEAD 0'
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
LANEIOUS 2
AH SPAN 251' BK SPAN 251' ANGLE 0
OF CONDUCTORS 0
DE TENSION 0.0'
GUY FACTOR: 0.00
GUY LEAD 0'
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
LANEIOUS 3
AH SPAN 251' BK SPAN 251' ANGLE 0
OF CONDUCTORS 0
DE TENSION 0.0'
GUY FACTOR: 0.00
GUY LEAD 0'
STRUT HEIGHT 0.0'

0.649 WH (0.672 WY) NOT GUYED
LANEIOUS 4
AH SPAN 232' BK SPAN 232' ANGLE 0
OF CONDUCTORS 1
DE TENSION 20.0'
GUY FACTOR: 0.00
GUY LEAD 0'
STRUT HEIGHT 0.0'

CONDUCTOR WEIGHT DATA CHART

	COLD	VERTICAL	VERTICAL	WEIGHT	EQUIPMENT	HEIGHT	AREA	WEIGHT	POST.	QTY
	CHRG. KV	CHRG. AH	CHRG. BK	SPAN			ft ²	lbs		
AHEAD NO ICE	0	0.0'	0.0'	116	NONE	0.0'	0.0	0	BUCK	0
N/A	0	0.0'	0.0'	116	NONE	0.0'	0	0	BUCK	0
S. BACK NO ICE	0	0.0'	0.0'	126	SLACK SPAN WIRE	0.0'	61-90'	0 lbs		
DISTRIBUTION 1	0	0.0'	0.0'	126	NONE	0.0'	0-30'	0 lbs		
DISTRIBUTION 2	0	0.0'	0.0'	116	NONE	0.0'	0-30'	0 lbs		
CELLANEIOUS 1	0	0.0'	0.0'	126	NONE	0.0'	61-90'	0 lbs		
CELLANEIOUS 2	0	0.0'	0.0'	126	NONE	0.0'	61-90'	0 lbs		
CELLANEIOUS 3	0	0.0'	0.0'	126	NONE	0.0'	61-90'	0 lbs		
CELLANEIOUS 4	0	0.0'	0.0'	242	NONE	0.0'	0-50'	0 lbs		

NOTES:

Prepared by Bros, Kyle 1/24/2014

LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
G.L. MOMENT	H1	9	4.66	43894 ft/lbs
G.L. SHEAR	3	9	100	N/A
MOMENT ABV. GUY	N/A	N/A	100	0 ft/lbs
VERTICAL LOAD	3	9	13.05	4062 lbs

K-FACTORS FOR CLEARANCES

MOT	MISC.	60°
TRANS. AHEAD	12000	12000
TRANS. BACK	12000	12000
DISTRIBUTION 1	12000	0
DISTRIBUTION 2	16430	0
		31500

AHEAD SPAN CLEARANCES			
TEMPU- RATURE	TO GROUND	BTWN WIRES	
MISC.	36.20'		
MOT	36.20'		
60°	#DIV/0!		
MISC.	#DIV/0!	6.01'	
MOT	27.12'		
60°	29.82'		
MISC.			
MOT			
60°			

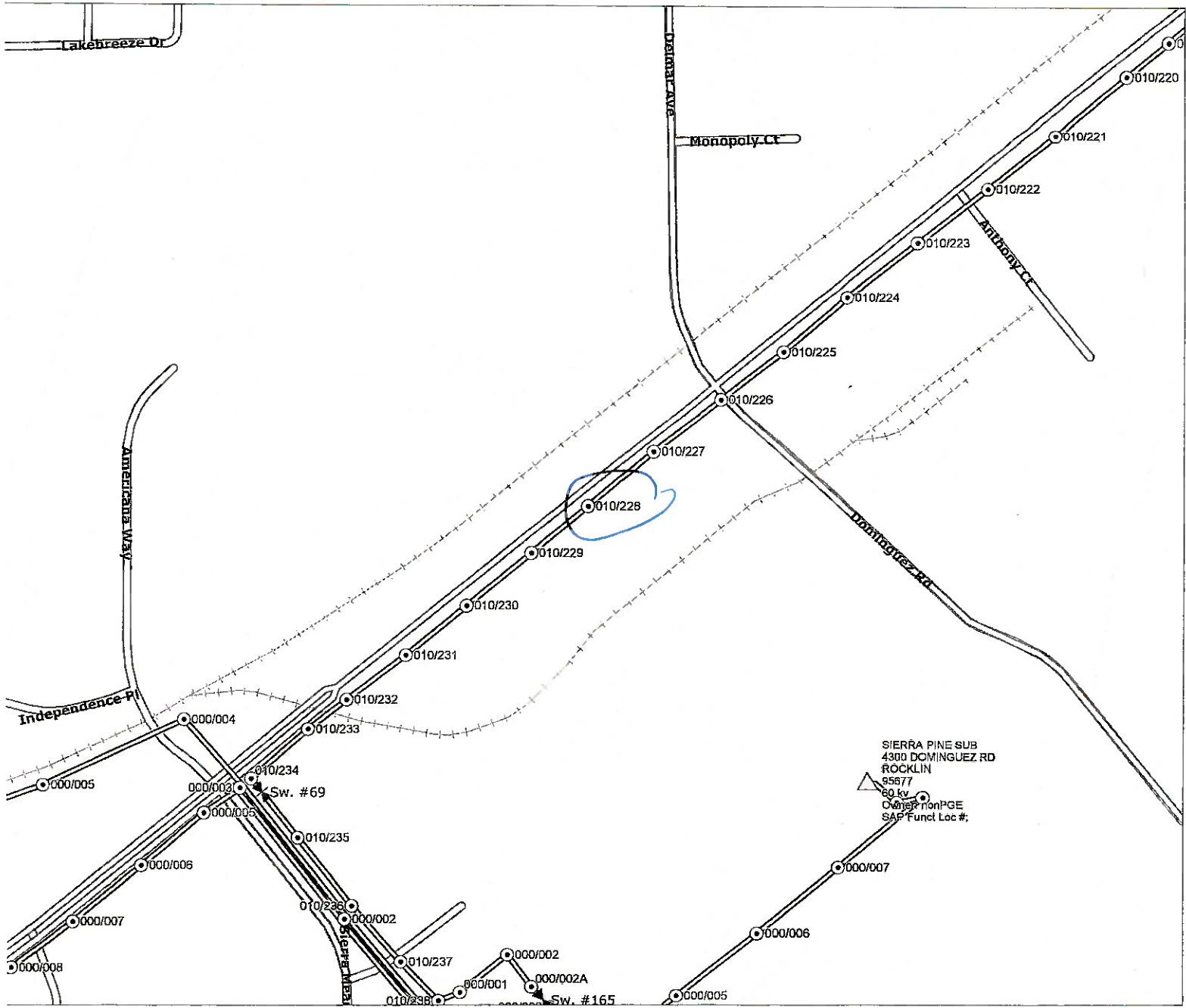
BACK SPAN CLEARANCES			
TEMPU- RATURE	TO GROUND	BTWN WIRES	
MISC.	37.38'		
MOT	37.38'		
60°	#DIV/0!		
MISC.	#DIV/0!	6.98'	
MOT	27.03'		
60°	30.07'		
MISC.			
MOT			
60°			

ANCHOR USAGE DATA

A HAS 12004 LBS OF LOACB IS NOT USED
C IS NOT USED
D IS NOT USED
E IS NOT USED
F IS NOT USED
G IS NOT USED
H IS NOT USED
I IS NOT USED
J IS NOT USED
K IS NOT USED
L IS NOT USED
M IS NOT USED
N IS NOT USED
O IS NOT USED
P IS NOT USED
Q IS NOT USED
R IS NOT USED
S IS NOT USED
T IS NOT USED
U IS NOT USED
V IS NOT USED
W IS NOT USED
X IS NOT USED
Y IS NOT USED
Z IS NOT USED

DO THEY ACCOUNT FOR AUTOTS?

#2



24

County: PLACER
State: CA
Contract #:
ETL: 6170

REMARKS AND NOTES
> 50 FT FROM CURB. P

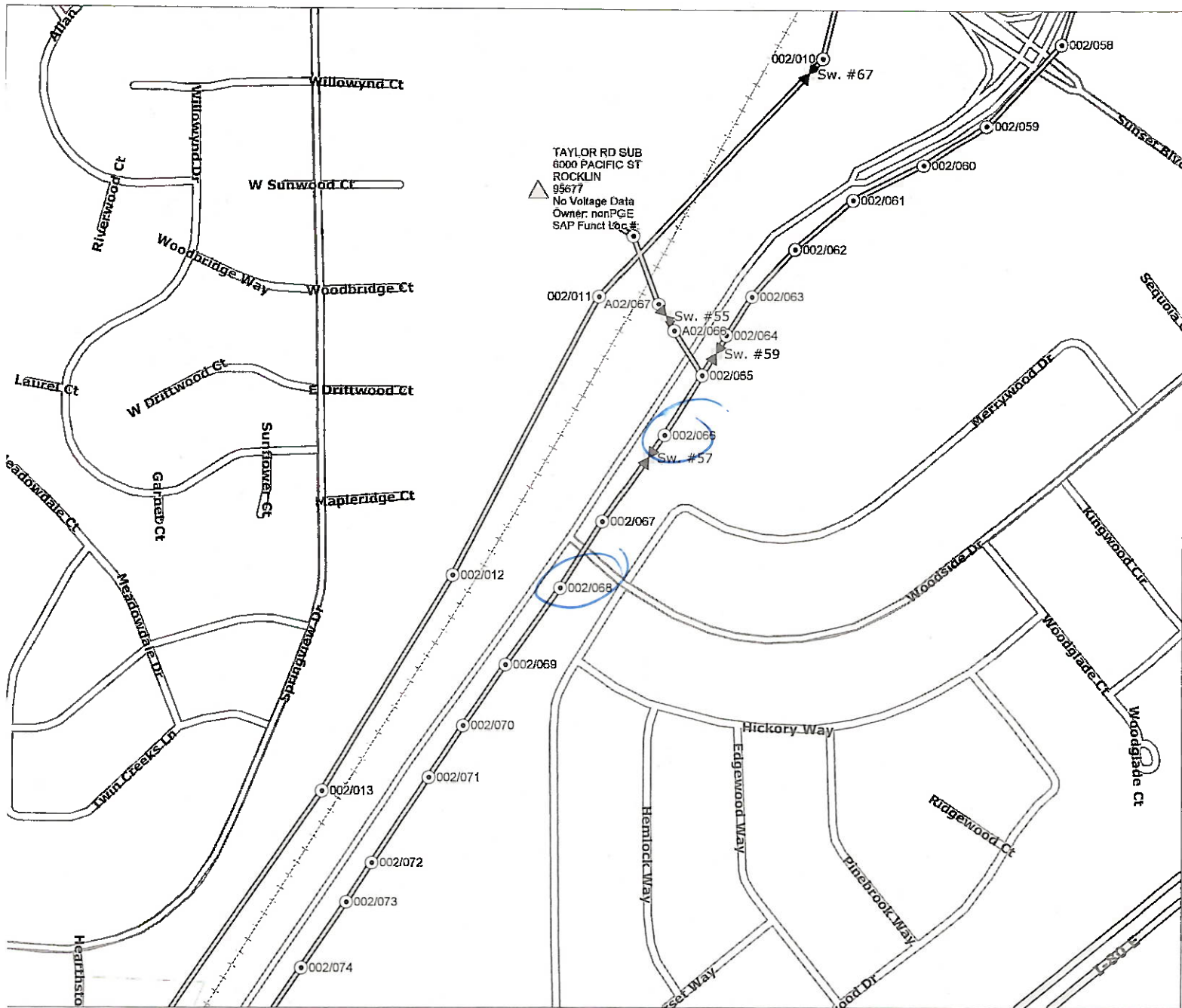
- **VELB**

> 50 FT FROM CURB. Previous Cycle Info: Full
Excavate. Year Last Inspected: 1996. Last Inspected
By: DDT. Transmission Pole. Framing Type: 3-4P (60
KV). Struct Type: SWP. Attachment Type: Underbuild.
Quantity: 1. Attachment Type: CATV. Quantity: 1.
Attachment Type: Streetlight. Quantity: 1.

2	0	15	0	0
2	0	15	0	0

Page 1 of 1.





N



Doyle, Stacie

From: Giranis, Chris
Sent: Friday, April 04, 2014 11:04 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Peterson, Mike (Trans Ops Support); Stinnett Jr., Chuck; Doyle, Stacie; Hull, Timothy J (ET)
Subject: RE: Delmar Atlantic #2 2/66

It's difficult to determine from my pictures what is actually there. The calculation sheets does show a "miscellaneous 1" which may account for the comm. conductors. I'm unclear about what span guys you are referring to.

Thanks,

Chris Giranis, Pacific Gas and Electric Co. - Transmission Operations T-line Estimating Supervisor-North (R)
Chris.Giranis@pge.com | In: 760.1940 | Ex: 916.760.1940 | Cell: 916-261-1439
850 Stillwater Rd., #2017A - West Sacramento, CA 95605 Working Office Hrs.: M-F, 6:00 a.m. - 2:30 p.m.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:54 AM
To: Giranis, Chris
Cc: Dominguez, Pete (ET); Peterson, Mike (Trans Ops Support); Stinnett Jr., Chuck; Doyle, Stacie; Hull, Timothy J (ET)
Subject: Delmar Atlantic #2 2/66

Is phone Cable accounted for on the load Calculations Also are span guys included?

Thanks
Yoko

COPY

COPY

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 10:12 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie
Subject: RE: Placer Delmar 0/10
Attachments: Placer-Del Mar_000-010_2011.pdf

All,

You will see that the truss was installed back in 1980. In 2011 when this pole was tested, they would have tested the banding areas to see if it still has good wood. It did. We do not have any information from 1980 of why it was reinforced, just that it has a truss on it. I am assuming that this pole is also in concrete or asphalt as it was a "bore" type test.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 9:21 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie
Subject: Placer Delmar 0/10

I need the last PT&T for this pole. It has a c stub

Thank you
Yoko

COPY

Y9Q

Line Name: PLACER-DEL MAR
Line Code: 60179
Voltage: 60
Headquarters: SACRAMENTO

Contractor: Osmose Utilities Services, Inc.
Week Ending: 10/29/2011
Date: 10/29/2011
Job Number: 1005695

Reference #: 518RM/44
Crew ID: 518RM
Foreman: REY MARTINEZ
Supervisor: AUDYCKI, JOHN A

County: PLACER
State: CA
Contract #:

Pole ID	MFR	YEAR	LENGTH/ CLASS	SPECIES/ TREAT	ORIG CIRC	EFF CIRC	INSP TYPE	ANC	GUY	WF Pints	BAND	VELB
000/010	UNK	E1945	E50/3	WC/C	42	42	B	.	.	1	N	.
X: -121.09146 , Y: 38.89573												
Cust Pole Num: 000/010												
SAP: 40656039												
12inBGL 0	AtGL 0	15inAGL 0	26inAGL 0	42inAGL 0	54inAGL 0	66inAGL 0						

REMARKS AND NOTES
Small Woodpecker Holes: 10. Medium Woodpecker Holes: 1. Large Woodpecker Holes: 1. RIGHT OF WAY. Previous Cycle Info: Partial Excavate, WoodFume. Year Last Inspected: 2001. Last Inspected By: OSM. Previous Restored Year: 1980. Previous Restoration Method: C-TRUSS. Transmission Pole, Framing Type: TRI-PIN. Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1.

Inspection Type
Sound & Bore (B).....1

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 11:02 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support); Hull, Timothy J (ET); Doyle, Stacie
Subject: RE: PT&T for Delmar Atlantic #2 2/66
Attachments: Del Mar-Atlantic #2_002-066_2012_Non_Restorable_Reject.pdf

002/066 was also a Non_Restorable reject. This pole met shell at the banding levels but did not meet criteria at 66". Due to being under 33% remaining wood strength, this pole was identified as a "priority" reject and notification of it was sent to the local HQ on 11/4/12.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:56 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support); Hull, Timothy J (ET); Doyle, Stacie
Subject: PT&T for Delmar Atlantic #2 2/66

Please send 2012 PT&T for the structure

Yoko

COPY

106580293

Line Name:	DEL MAR-ATLANTIC #2	Reference #:	122RB44I	County:	PLACER
Line Code:	60397	Crew ID:	122RB	State:	CA
Voltage:	60	Foreman:	RONALD BYARD	Contract #:	
Headquarters:	SACRAMENTO	Supervisor:	AUDYCKI,JOHN A	ETL:	6170
		Job Number:	1008001		
		Date:	11/02/2012		
		Week Ending:	11/03/2012		

Pole ID	MFR	YEAR	LENGTH/ CLASS	SPECIES/ TREAT	ORIG CIRC	EFF CIRC	INSP	PRIORITY	REJECT	REST	SHELL 12	SHELLGL	SHELL 15	SHELL 26	SHELL 42	SHELL 54	SHELL 66	GUY	ANCHOR	BAND	VELB	REMARKS AND NOTES
002/066	KOP	E1970	E50/2	DF/G	42	27.05	X	Y	Y		0.5	0.75	2	3	4	4	2.95					Primary Reject Reason: Heart Rot. Heart Rot. Min Shell: 0.5in. > 50 FT FROM CURB. Previous Cycle Info: Full Excavate. Year Last Inspected: 1996. Last Inspected By: DDT. Transmission Pole. Struct Type: SWP. Framing Type: TW (60 KV). Note: N TAG 2.95@66IN UP.
Location: CO WOODSIDE RD. PACIFIC ST/275 FEET N Strength Remaining: 27% Cust Pole Num: 002/066 SAP : 40655762																						

REMARKS AND NOTES
 Primary Reject Reason: Heart Rot. Heart Rot. Min Shell: 0.5in. > 50 FT FROM CURB. Previous Cycle Info: Full Excavate. Year Last Inspected: 1996. Last Inspected By: DDT. Transmission Pole. Struct Type: SWP. Framing Type: TW (60 KV). Note: N TAG 2.95@66IN UP.

Inspection Type
 Excavated Reject (X) 1

0 0 0 0
 =====
 0 0 0 0

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MAR-ATLANTIC #2 02/66 REPL POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30996876 Created Notification # 106580293	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6170.POLE.WOOD		CREW CLASS: ETLQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40655762		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: <div style="border: 1px solid blue; border-radius: 50%; padding: 2px; display: inline-block;">11/30/2014</div>		MAIN WORK CENTER: SACTO - Sacramento	
		VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: Del Mar-Atlantic #2		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): OSMOSE		DATE FOUND (NOTIF DATE): <div style="border: 1px solid blue; border-radius: 50%; padding: 2px; display: inline-block;">11/03/2012</div>	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 12/12/2012 13:14:28 Helen Sakai (HXS4) Phone 209/942-1606			
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACE			
* _____			
* 01/21/2014 07:59:42 Chris Giranis (CXG3) Phone 916/760-1940			
* 30996876E ADE reviewed and returned to TEC4 for corrections and routing.			
* _____			
* 01/21/2014 08:06:47 Naomi Tamayo (NAV3) Phone 916/760-1959			
* 30996876E SAC RMC DMD RECEIVED THE CITY OF ROCKLIN ENCROACHMENT PERMIT			
* APPLICATION. FILED APPLICATION IN DMD, WILL APPLY CLOSER TO CONSTRUCTION			
* DATE: 7/1/14. CREATED DMD FOLLOW UP.			
* _____			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MAR-ATLANTIC #2 02/66 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 01/27/2014 12:45:05 Chris Giranis (CXG3) Phone 916/760-1940

* 30996876E Estimate reviewed and forwarded via EDRS to AMT9 for approval.

* _____

* 01/29/2014 18:51:54 Andrew Trombatore (AMT9) Phone 916/760-1910

* JOB APPROVED & SENT TO LAURIE SHOLLER VIA COMPANY MAIL.

*

* _____

* 01/30/2014 13:35:09 Lynnette Marquez-Lupien (L1M4) Phone 916/760-1933

* 30996876 T #SAC RMC DMD RCVD NOTICE OF APPROVED JOB; ENCROACHMENT IS

* THEOUTSTANDING TASK. F/U CREATED FOR PENDING TASK. LFP1 WILL BE NOTIFIED

* WHEN JOB BECOMES RELEASABLE.

*

*

*

*

* _____

* 02/04/2014 07:54:09 Jason Kwan (J5K7)

* 30996876E Mapping Pre-Post Completed

* _____

* 02/11/2014 10:01:45 Laurie Sholler (LFP1) Phone 559/263-5041

* 30996876 - copies ready for distribution pending completion of tasks

* _____

* 03/18/2014 14:01:38 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB STILL IN PEND STATUS BUT HAS BEEN REVIEWED BY KIICHI

* EMAILED MATERIALS TO RELEASE THE 2 WOOD POLES AND SEND TO SHIFFLETS

Completed by:
(Name and LAN ID):

Date: 11/03/2012

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Doyle, Stacie

From: Miller, Eric (ET)
Sent: Friday, April 04, 2014 10:57 AM
To: Williams, Yoko (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie; Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support)
Subject: RE: Delmar Atlantic #2 PT&T 2/68
Attachments: Del Mar-Atlantic #2_002-068_2012_Non_Restorable_Reject.pdf

This pole was identified in 2012 as a "Non_Restorable" reject due to insufficient shell at banding levels and a void at 66" leaving less than 4" of shell. This pole was sent to Victor for replacement.

-----Original Message-----

From: Williams, Yoko (ET)
Sent: Friday, April 04, 2014 10:33 AM
To: Miller, Eric (ET)
Cc: Dominguez, Pete (ET); Doyle, Stacie; Stinnett Jr., Chuck; Peterson, Mike (Trans Ops Support)
Subject: Delmar Atlantic #2 PT&T 2/68

Please provide PT&T for this pole

Thanks
Yoko

1065 80294

COPY

Line Name: DEL MAR-ATLANTIC #2
 Line Code: 60397
 Voltage: 60
 Headquarters: SACRAMENTO
 Week Ending: 11/03/2012
 Date: 11/02/2012
 Job Number: 1008001
 Reference #: 122RB441
 Crew ID: 122RB
 Foreman: RONALD BYARD
 Supervisor: AUDYCKI,JOHN A
 County: PLACER
 State: CA
 Contract #: 6170
 ETL: 6170

Pole ID	MFR	YEAR	LENGTH/ CLASS	SPECIES/ TREAT	DF/G	ORIG CIRC	EFF CIRC	INS	PRIORITY	REJECT	REST	SHELL 12	SHELLGL	SHELL 15	SHELL 26	SHELL 42	SHELL 54	SHELL 66	GUY	ANCHOR	BAND	VELB
002/068	KOP	E1969	E65/1			51	42	X		Y		2	2	2	3	3	2	2.95				
X: -121.246827, Y: 38.777353 Location: CO PXCIFIC ST. WOODSIDE/50 FEET S Cust Pole Num: 002/068 SAP: 40581758 Strength Remaining: 56%																						

REMARKS AND NOTES
 Primary Reject Reason: Heart
 Rot Above. Heart Rot. Min
 Shell: 1.5in. > 50 FT FROM
 CURB. Previous Cycle Info:
 Rejected Last Cycle. Year Last
 Inspected: 1996. Last
 Inspected By: DDT.
 Transmission Pole. Struct
 Type: SWP. Framing Type:
 TR-PIN. Note: N TAG
 2.95IN @ 66IN.

Inspection Type
 Excavated Reject (X) 1

0 0 0 0
 0 0 0 0

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MAR-ATLANTIC #2 02/68 REPL POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30996876 Created Notification # 106580294	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6170.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40581758		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): OSMOSE		DATE FOUND (NOTIF DATE): 11/03/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map; X St; GPS Coord; more detailed description of work required). * 12/12/2012 13:15:36 Helen Sakai (HXS4) Phone 209/942-1606 * PER OSMOSE REPT, POLE NEEDS TO BE REPLACE			
Completed by: (Name and LAN ID):		Date: 11/03/2012	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MAR ATLANTIC #2 2/68 TRIM TREE		
INFORMATION REQUIRED BY QCR	INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 42102274 Created Notification # 107934592	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Loose (LOOS)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> CPUC AUDIT - CPUA <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6170.POLE.WOOD		CREW CLASS: ETLEQP	
SAP EQUIPMENT #: 40581758		CREW SIZE: 00	
FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE PLANNER GROUP: TLN		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 04/04/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): John Hudgins (JTH3)		DATE FOUND (NOTIF DATE): 04/04/2014	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/04/2014 12:56:07 Christina Dangerfield (CLD9) Phone 916/386-5422			
* - Voltage : 60 KV			
* - Structure ID : 002/068			
* _____			
* CLEAR TREE FROM ABOVE GUY BOB.			
* _____			
* _____			
* 04/04/2014 12:57:24 John Hudgins (JTH3) Phone 916/386-5431			
* Clear tree from above guy bob. CPUC audit.			
Completed by: (Name and LAN ID):		Date: 04/04/2014	Actual Labor-Hours:

40E1143 100% 0412 10

ROCKLIN

Prepared by Gilman, Chris 3/24/2014

STRUCTURE WARNINGS

WOOD GRADE A CALCULATION SHEET

LINE NAME: Del Mar-Atlantic #2
POLE # 2166
LOCATION # 1
ORDER # 30996876

UNGUED POLE REQUIREMENT:
65 CLASS H1 SET 9.5' DEEP

POLE LOADING REPRESENTS FUTURE CONDITION

SAFETY FACTOR = 4.66

POLE SIZING: AUTOMATIC
POLE LENGTH: 65ft
SOIL: MEDIUM(500PSF)
INSULATION DIST: B,C,D DEPTH: 9.5'

POLE CAPABILITY NOT
REDUCED

LIGHT LOADING DEFLECTION: UNKNOWN

S FRAMING: T1

AHEAD	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
209'	53.50'	0	NORMAL (3)	2700 Lbs	0'	0.0'	0 lbs

MISSION BACK	BK SPAN	EXTRA HORIZ. LOAD OF:	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	Lbs PER PHASE	2700 Lbs	0.0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

0.649 Wb (0.672 Wv) NOT GU YED	HT	ANGLE	# OF CONDUCTORS	DE TENSION	GU Y LEAD	STRUT HEIGHT	GU YED LOAD
0.649 Wb (0.672 Wv) NOT GU YED	285'	0	3	30.0'	0'	0.0'	0 lbs

LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
G.L. MOMENT	H1	9.5	4.66	46435 ft/lbs
G.L. SHEAR	3	9.5	100	N/A
MOMENT ABV. GUY	N/A	N/A	100	0 ft/lbs
VERTICAL LOAD	3	9.5	7.03	6978 lbs

K-FACTORS FOR CLEARANCES	EM	40°
TRANS. AHEAD	11830	12000
TRANS. BACK	11830	12000
DISTRIBUTION 1	16430	13500
DISTRIBUTION 2	0	0

AHEAD SPAN CLEARANCES	TEMPU- RATURE	TO GROUND	BTWN. WIRES
EMGENCY	49.07'	49.02'	21.12'
130°	51.46'	51.46'	21.12'
COLD	26.76'	27.34'	21.12'
EMGENCY	27.85'	27.85'	#DIV/0!
130°	27.85'	27.85'	#DIV/0!
COLD	27.85'	27.85'	#DIV/0!

BACK SPAN CLEARANCES	TEMPU- RATURE	TO GROUND	BTWN. WIRES
EMGENCY	46.73'	46.63'	20.63'
130°	51.33'	51.33'	20.63'
COLD	25.06'	25.06'	20.63'
EMGENCY	26.00'	26.00'	#DIV/0!
130°	26.00'	26.00'	#DIV/0!
COLD	26.00'	26.00'	#DIV/0!

ANCHOR USAGE DATA

A HAS 28699 LBS OF LOAD B IS NOT USED
C IS NOT USED
D IS NOT USED
E IS NOT USED
F IS NOT USED
G IS NOT USED
H IS NOT USED
STUB A IS NOT USED
STUB B IS NOT USED

CONDUCTOR WEIGHT DATA CHART	WGT	HT	AREA	WGT	POS
CONDUCTOR 1	143	0.0'	0.0	0	BUCK
CONDUCTOR 2	143	0.0'	0.0	0	BUCK
CONDUCTOR 3	143	0.0'	0.0	0	BUCK
CONDUCTOR 4	143	0.0'	0.0	0	BUCK

ELEVATION

9.5'

STRUCTURE WARNINGS

SAFETY FACTOR = 4.66

WOOD GRADE A
CALCULATION SHEET

UNGUED POLE REQUIREMENT:
60' CLASS H1 SET 9' DEEP

POLE LOADING REPRESENTS CURRENT CONDITION

POLE SIZING: AUTOMATIC
POLE LENGTH: 60ft
SOIL: MEDIUM(500PSF)
INSULATION DIST: B.C.D DEPTH: 9'

REDUCED
RECOMMENDED SET

LINE NAME: Placer-Del Mar

POLE #: 10/228

LOCATION #: 1

ORDER #: 31034667

DLCE

PACIFIC ST X DOMINGUEZ, POCILAN

NOTES:

Prepared by Bross, Kyle 1/24/2014

CAPABILITY	LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
51145 ft/lbs	G.L. MOMENT	H1	9	4.66	43894 ft/lbs
N/A	G.L. SHEAR	3	9	100	N/A
21000 ft/lbs	MOMENT ABV. GUY	N/A	N/A	100	0 ft/lbs
53000 lbs	VERTICAL LOAD	3	9	13.05	4062 lbs

LOADING BREAKDOWN	90° wind	270° wind	177° wind
DE TENSION	2700 Lbs	2700 Lbs	2700 Lbs
GUY FACTOR:	0.00	0.00	0.00
STRTUT HEIGHT	0.0'	0.0'	0.0'
GUYED LOAD	0 lbs	0 lbs	0 lbs
DE TENSION	2700 Lbs	2700 Lbs	2700 Lbs
GUY FACTOR:	0.00	0.00	0.00
STRTUT HEIGHT	0.0'	0.0'	0.0'
GUYED LOAD	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
MISSION BACK	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
RIBUTION 1	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
RIBUTION 2	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
LANE 1	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
LANE 2	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 1	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 2	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 3	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

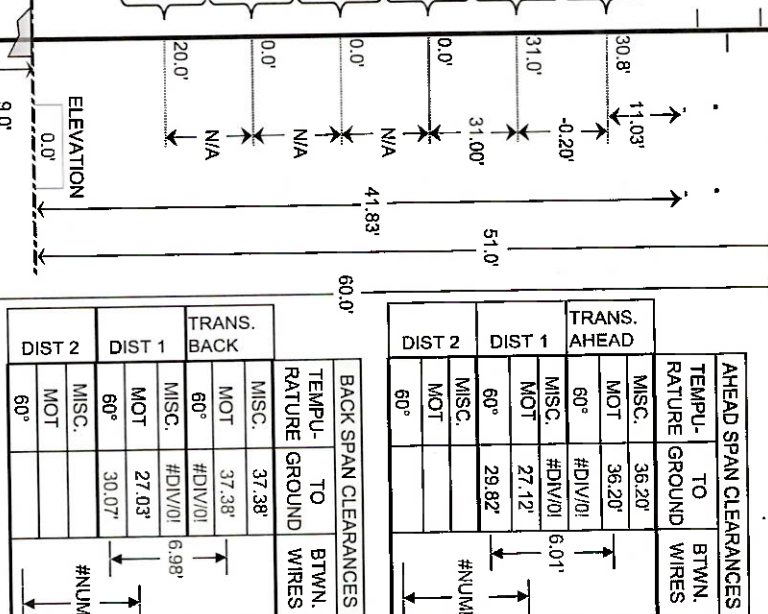
0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 4	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
LANE 1	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
LANE 2	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 1	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs

0.649 Wb (0.672 Wb) NOT GUYED	EXTRA HORIZ. LOAD OF:	PER PHASE	DE TENSION	GUY LEAD	STRTUT HEIGHT	GUYED LOAD
INDUCTOR 2	251'	2700 Lbs	0.00	0.0'	0.0'	0 lbs
GUY FACTOR:	0.00	0.00	0.00	0.0'	0.0'	0 lbs
STRTUT HEIGHT	0.0'	0.0'	0.0'	0.0'	0.0'	0 lbs
GUYED LOAD	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs	0 lbs



ANCHOR USAGE DATA	ANCHOR USAGE DATA
A HAS 12004 LBS OF LOAD B IS NOT USED	D IS NOT USED
C IS NOT USED	F IS NOT USED
E IS NOT USED	H IS NOT USED
G IS NOT USED	

STUB USAGE DATA	STUB USAGE DATA
STUB A IS NOT USED	STUB B IS NOT USED

BACK SPAN CLEARANCES	TO	BTWN.
TEMPU- RATURE GROUND	37.38'	
MISC.	37.38'	
MOT	37.38'	
60°	#DIV/0!	6.98'
MISC.	#DIV/0!	
MOT	27.03'	
60°	30.07'	
MISC.		
MOT		
60°		

TRANS. BACK	TRANS. AHEAD
MISC.	MISC.
MOT	MOT
60°	60°
MISC.	MISC.
MOT	MOT
60°	60°
MISC.	MISC.
MOT	MOT
60°	60°

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DRUM-RIO OSO#2 010/109A REPL POLE"RT"	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31005630 Created Notification # 106580349
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1430.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 41162719		CREW SIZE: 00	372
FUNCTIONAL LOCATION 10056 DRUM-RIO OSO #2-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: DRUM-RIO OSO #2 115KV		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): OSMOSE		DATE FOUND (NOTIF DATE): 11/03/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/12/2012 13:40:50 Helen Sakai (HXS4) Phone 209/942-1606			
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACE			
* _____			
* 09/30/2013 13:14:09 Ana Bellestri (AKL8) Phone 916/760-1919 XXXX			
* 31005630E SAC RMC DMD WAS CC'D ON DM1; CREATED DMD F/U TASK.			
* _____			
* _____			
* 10/01/2013 09:55:01 Sandra Imel (SLI3) Phone 916/760-5311			
* 31005630 approved edrs - trued construction - confirmed estimating and			
* released materials in FFE			
* _____			

COPY



Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO#2 010/109A REPL POLE"RT"

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 10/03/2013 09:02:04 Michael Kartz (MLK8) Phone 916/760-1935

* 31005630E Job approved & sent to Laurie Sholler via Company mail.

*

* _____

* 10/03/2013 09:45:39 Naomi Tamayo (NAV3) Phone 916/760-1959

* 31005630E SAC RMC DMD RECEIVED THE DM3, ENVIRO ISSUES RESOLVED. PER THE

* TASK SCREEN THE JOB IS READY TO BE RELEASED. SENT DM8 TO LFP1.

*

* 10/08/2013 14:46:46 Kyle Rollins (KARQ) Phone 530/889-5157

* 31005630E Mapping Pre-Post Completed

*

* 10/17/2013 16:25:26 Laurie Sholler (LFP1) Phone 559/263-5041

* 31005630 - environmental review complete, copies to Charlene McLeod

*

* 10/29/2013 09:27:50 Charlene McLeod (CMMD) Phone 209/942-1669

* **JOB SHOULD BE WORKED IN CONJUNCTION WITH PM 30771431 FOR THE "LFT"

* POLE

*

* 10/29/2013 10:25:10 Cory Johnson (CLS9) Phone 530/889-3212

* 31005630E Mapping Received As-Built package

*

* 12/03/2013 14:52:48 Charlene McLeod (CMMD) Phone 209/942-1669

* EMAILED MATERIALS TO RELEASE THE 1 STEEL POLE AND SEND TO SHIFFLETS

Completed by:

(Name and LAN ID):

Date: 11/03/2012

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: / /

COPY

Subject: CPUC Data Request - Item 6

Priority Codes – Prior to 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B - Within 90 Days E - Within 1 Year F - Within 2 Years

Priority Codes - After 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B - Within 90 Days E - Within 1 Year

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL-MAR-ATLANTIC #2 0/1 RPR SWITCH ROD F	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 41863043 Created Notification # 106803338	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Operating Assembly (SH14)	<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Repaired (REPA) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6170.POLE.WOOD		CREW CLASS: ETLQEP	
SAP EQUIPMENT #: 40598419		CREW SIZE: 00	
FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE		WORK TYPE CODE: 623 ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 ANTICIPATED MATERIAL COSTS:	
PLANNER GROUP: TLN			
EXECUTION			
REQUIRED END DATE: 03/07/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)		DATE FOUND (NOTIF DATE): 03/07/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 03/08/2013 07:04:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* REPAIR BROKEN SWITCH ROD, SWITCH 29.			
* _____			
* PER RICK BIMSON, RBB8, COMPLETED 3/7/13.			
* _____			
Completed by: Richard Bimson (RBB8) (Name and LAN ID):		Date: 03/07/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

ROCKLIN

COPY

Line Name: DEL MAR-ATLANTIC #2	Reference #: 122RB441	County: PLACER
Line Code: 60397	Crew ID: 122RB	State: CA
Voltage: 60	Foreman: RONALD BYARD	Contract #: 6170
Headquarters: SACRAMENTO	Supervisor: AUDYCKI,JOHN A	ETL: 6170

Pole ID	MFR	YEAR	LENGTH/ CLASS	SPECIES/ TREAT	ORIG CIRC	EFF CIRC	INSP TYPE	INSP QTY	GU	WF Pints	BAND	VELB	REMARKS AND NOTES
001/048	KOP	1978	65/1	DF/G	54	54	T	2	.	1.5	.	.	> 50 FT FROM CURB. Previous Cycle Info: Full Excavate. Year Last Inspected: 1996. Last Inspected By: DDT. Transmission Pole. Framing Type: 3-HP (60 KV). Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1. Attachment Type: CATV. Quantity: 1. Attachment Type: Streetlight. Quantity: 1.
* -121.236 , Y: 38.782842													
Cust Pole Num: 001/048													
SAP: 40757870													
12inBGL 0	AtGL 0	15inAGL 0	26inAGL 0	42inAGL 0	54inAGL 0	66inAGL 0							
					2	0	15	0	0				
					2	0	15	0	0				

Inspection Type
External Treat (T).....1

LOST AVE X WINDING LN, ROCKY LN

Line Name: **WOODLAND-DAVIS** Contractor: **Osmose Utilities Services, Inc.** Reference #: **518RM50H** County: **YOLO**
 Line Code: **10359** Week Ending: **12/11/2010** Crew ID: **518RM** State: **CA**
 Voltage: **115** Date: **12/09/2010** Foreman: **REY MARTINEZ** Contract #:
 Headquarters: **SACRAMENTO** Job Number: **1003826** Supervisor: **AUDYCKI,JOHN A**

Pole ID	MFR	YEAR	LENGTH/CLASS	SPECIES/TREAT	ORIG CIRC	INSP TYPE	ANC	GUY	WF Pints	BAND	VELB
001/023	MKB	1964	60/1	DF/P	52	50.91	TD	.	1.5	.	.
X: -121.745162, Y: 38.680873											
Cust Pole Num: 001/023											
SAP: T40700606											
12inBGL 0	AtGL 0	15inAGL 0	26inAGL 0	42inAGL 0	54inAGL 0	66inAGL 0					

Strength Remaining: 94%

REMARKS AND NOTES

3/4 Excavate. Fire Damage. Mechanical Damage-Trimmed. Location: Above Groundline. Depth: 2.0in. Width: 5.5in. Height: 18.0in. Orientation: LOL. Shell Rot. Depth: 0.16in. < 50 FT FROM CURB. Previous Cycle Info: Full Excavate, Internal Treatment, WoodFume. Year Last Inspected: 1999. Last Inspected By: OSM. Transmission Pole. Framing Type: T-1 (115 KV). Struct Type: SWP. Reported Item: Pole - Risers. Reported Item: Joint Use - PGE Underbuild. Note: EXPO IS FD/3/4 DIG-RISER.

Inspection Type
 External Treat w/ Decay (TD)1

0	0	15	0	0
0	0	15	0	0

PROBLEM DESCRIPTION (Short text -- 40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2.		Corrective Work Form Electric Transmission Line	
DEL MAR-ATLANTIC #2 A2/66 LOW CONDUCTOR		INFORMATION REQUIRED BY QCR INFORMATION COMPLETED BY FLS	
Order# Created Notification # 106839503	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	COMPONENT TYPE <input checked="" type="checkbox"/> LC Notification DAMAGE CODE ACTION	<input checked="" type="checkbox"/> Conductor (CF03) <input checked="" type="checkbox"/> Clearance (ft/in) (EL08) <input type="checkbox"/> Repaired (REPA)
REFERENCE INFO ETL#: ETL6170.POLE.WOOD SAP EQUIPMENT #: 41118557 FUNCTIONAL LOCATION 60397 DEL MAR-ATLANTIC #2+-WOOD (LINE NAME): POLE PLANNER GROUP: TLN ANTICIPATED MATERIAL COSTS: 0.0 (labor-hours = Crew Size x Hours to Complete - no travel time)		EXECUTION REQUIRED END DATE: 03/30/2014 MAIN WORK CENTER: SACTO - Sacramento VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION) STREET ADDRESS: CITY: ZIP (if known): 00000 DIVISION CODE (LOCATION): SA COUNTY CODE (PLANT SECTION) 031		COMPLETION DATES REPORTED BY (Name and LAN ID): Richard Bimson (RBB8) DATE FOUND (NOTIF DATE): 03/17/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area, access, special tools, road map, X St:GPS Coord; more detailed description of work required). * 03/19/2013 11:10:36 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * LOW CONDUCTOR 32" 03" OVER RAILROAD TRACKS, 34' REQ. * 01/13/2014 09:43:56 Stacie Doyle (SRF5) Phone 916/778-8453 PER TIM HUDGINS CHANGED WTC FROM 628 TO 400			
Completed by: Date: 03/17/2013 Actual Labor-Hours:		Reviewed by: Date: / /	
(Name and LAN ID):		(Name and LAN ID):	

COPY

650 PACIFIC ST, ROCKLIN


CREATED

3025

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DIXON-VACA #2 018/390 REPL POLE F	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 30885057 Created Notification # 105191060
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Assessed (ASSS) <input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP	
SAP EQUIPMENT #: 40665514		CREW SIZE: 03	
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME): PLANNER GROUP: TLX		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">2.0</div>	
		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/30/2014 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: SALMON CREEK TAP		CITY: SAN JOSE	ZIP (if known): 95101
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): OSMOSE		DATE FOUND (NOTIF DATE): 11/13/2010 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/27/2011 09:46:36 Helen Sakai (HXS4) Phone 209/942-1669 * PER OSMOSE REPORT, REPLACE POLE. C ----- * 01/11/2012 13:14:50 Donna K. Thorne (DKT1) Phone 831/633-6935 Data Cleansing: Move Req End Date to 11/30/2015. C ----- * 02/22/2012 14:33:59 Katie E. Martin (KEO9) Phone 916/408-3292 After further review of pole process, the superintendents have decided to move #pole# (TLX/372/400) notifications back to original date to allow the contract group to manage. * -----			

TREMONT RD X ROBBER RD, DIXON VACA
 MIDDLE OF FIELD
 SOUTH OF I-80

COPY

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DIXON-VACA #2 018/390 REPL POLE	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
* 10/10/2012 10:52:01 Angie L. Luz (ALCI) Phone 530/906-0293		
* Reassess notification no -000106240214		
* 11/14/2012 13:08:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422		
* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESSED THIS NOTIFICATION		
11/14/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEX PATROL 3/30/14. NO		
SAFETY OR RELIABILITY ISSUE AT THIS TIME.		
* _____		
* 11/22/2013 13:37:46 Charlene McLeod (CMMD) Phone 209/942-1669		
* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPES		
Completed by: ILB (Name and LAN ID):	Date: 11/21/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

Subject: CPUC Data Request - Item 6


Priority Codes – Prior to 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B – Within 90 Days E – Within 1 Year F – Within 2 Years

Priority Codes - After 10/1/2013

	Data Request Description		Data
	Provide a description of your priority system for correcting deficiencies.		A – Within 30 Days B – Within 90 Days E – Within 1 Year

- DIDN'T WANT REASSESSING TAGS SO NO MORE "F"
- BACK LOG WILL CONTINUE TO BE RESOLVED

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-BRIGHTON 12/85 RPR LOOSE STEEL LATE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement		Order# 41976608 Created Notification # 105994882
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Bolts (SS09)	<input checked="" type="checkbox"/> Missing (MC15)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5600.TOWER		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40761600		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 20132 RIO OSO-BRIGHTON+-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLM		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/31/2014		MAIN WORK CENTER: SACTO - Sacramento	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 03/22/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X ST, GPS Coord; more detailed description of work required).			
* 04/02/2012 10:48:02 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* REPLACE MISSING BOLTS OR REMOVE STEEL.			
* _____			
* _____			
* 01/24/2013 12:19:07 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassess notification no -000106656026			
* 02/27/2013 14:30:54 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NOTIFICATION REASSESSED BY JOHN HANDY, JEH6, 2/20/13 AND POSTPONE THE			
REQUIRED END DATE UNTIL NEXT PATROL 5/31/14. NO BUCKET ACCESS, RICE			
FIELD NOTE: R.O. BRIGHTON IS THE HOST, BRACKET IS FOR THE R.O.			
LOCKFORD. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.			

* THIS NOTIFICATION WAS CREATED PRIOR TO 10/2013, WHICH IS THE DATE THAT PG&E NO LONGER RE-ASSESS TAGS.
 : The reassess date was 5/31/14 and this tag was Completed on 11/13/13 by G.C. Tower.



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-BRIGHTON 12/85 RPR LOOSE STEEL

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

- * -----
- * 11/22/2013 10:04:10 Patrick Coughlin (PWC1) Phone 530/757-5942
- * GC TOWER MVC6 COMPLETED REPAIRS ON 11/13/13:
- * -REPLACED MISSING BOLTS <(>&<)> TIGHTENED LOOSE BOLTS THROUGHOUT TOWER.
- * -----

Completed by:
(Name and LAN ID):

Date: 11/13/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

4/2/14 *C PUC answer 4/14/14*

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DIXON-VACA #1 10/228 RPR LEANING POLE <i>DATE</i>	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41757136 Created Notification # 104707188
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Leaning (MC20)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6730.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40825161		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60066 DIXON-VACA #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: ROW N/O PEDRICK		CITY: DIXON	ZIP (if known): 95620
DIVISION CODE (LOCATION):		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 03/29/2010 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 06/02/2010 13:16:15 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* STRAIGHTEN POLE - LEANING 3-4 FT NORTH			
C _____			
* 02/25/2011 11:11:24 Katie E. Martin (KEO9) Phone 916/408-3292			
* Reassess notification no -000105220337			
* 03/25/2011 11:08:42 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION ON			
3/24/11 AND POSTPONED THE REQUIRED END DATE OUT UNTIL NEXT PATROL			
3/31/12, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.			
* _____			
C _____			

notification created prior to 10/13
 reassessed date - 3/31/14
 completed 12/26/13

COPY



Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 10/228 RPR LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

* 03/05/2012 15:07:13 Stacie R. Doyle (SRF5) Phone 916/772-7044 After

further reviews, the superintendents have decided to move notifications

back to original required end date

C -----

* 03/06/2012 09:58:04 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000105958398

* 04/02/2012 13:18:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12

AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY

OR RELIABILITY ISSUE AT THIS TIME.

* -----

* -----

* 01/24/2013 12:18:49 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106656006

* 02/28/2013 09:10:17 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* NOTIFICATION REASSESSED BY JOHN HANDY 2/19/13 AND POSTPONE THE REQUIRED

END DATE UNTIL NEXT PATROL 3/31/14. NO SAFETY OR RELIABILITY ISSUE AT

THIS TIME.

* -----

* -----

* 12/31/2013 09:16:49 Christina Dangerfield (CLD9) Phone 916/386-5422

* PER JIM HOWARD JOHF, COMPLETED 12/26/13, 6 HRS.

* -----

Completed by: JOHF
(Name and LAN ID):


Date: 12/26/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

4/2/14 C Puc answer 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DIXON-VACA #1 A5/137 RPL 2 ANCHORS LATE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30870158 Created Notification # 103686440	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Anchor (AG10)	<input checked="" type="checkbox"/> Earth covered (CH14)	<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6730.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40612517		CREW SIZE: 00	630
FUNCTIONAL LOCATION (LINE NAME): 60066 DIXON-VACA #1+-WOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLN		0.0	
		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014 ✓		MAIN WORK CENTER: SACTO - Sacramento	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: CAL PACIFIC RD		CITY: ELMIRA	ZIP (if known): 95625
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 03/17/2008 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 02/18/2009 14:12:15 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* -REPLACE 2 ANCHORS AND TRANSFER/REPLACE 4 D. GUYS, GUY MARKERS & CROSBY			
* CLAMPS			
* (OLD #B7/160)			
* 04/03/2009 10:01:57 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
*			
* PER SAC T-LINE BPJ2, REQUIRED END DATE MOVED OUT 1 YEAR TO 3/31/10			
C -----			
* 03/02/2010 08:58:53 Kathleen E. Martin (KEO9) Phone 916/408-3292			
* Reassess notification no -000104603691			
* 04/02/2010 08:00:06 Patrick W. Coughlin (PWC1) Phone 916/386-5422			

notification created prior to 10/13
reassessed date - 3/31/14
completed 12/26/13

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 A5/137 RPL 2 ANCHORS

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/02/2010 08:00:06 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE WXB7 REASSESSED THIS TAG ON 3/30/10 AND MOVED THE
REQUIRED END DATE OUT 30 DAYS TO 4/30/10; WORK NEEDS TO BE DONE

*

C

* 04/08/2010 10:27:31 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104650188

* 05/27/2010 11:23:05 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 REASSESSED THIS TAG ON 5/26/10 AND MOVED THE
REQUIRED END DATE OUT TO 8/31/10; NO SAFETY OR RELIABILITY ISSUES AT
THIS TIME

*

C

* 08/03/2010 12:10:16 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104775007

* 09/04/2010 07:10:01 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE SXC9 REASSESSED THIS TAG ON 8/31/10 AND MOVED THE
REQUIRED END DATE OUT TO 3/31/11; AREA FLAGGED FOR USA; NO SAFETY OR
RELIABILITY ISSUES AT THIS TIME

*

C

* 02/25/2011 08:02:35 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000105219822

* 03/25/2011 09:11:14 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION ON
3/24/11 AND POSTPONED THE REQUIRED END DATE OUT UNTIL NEXT PATROL
3/31/12, NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.

*

C

* 03/05/2012 15:06:21 Stacie R. Doyle (SRF5) Phone 916/772-7044 After
further reviews, the superintendents have decided to move notifications
back to original required end date

C

* 03/06/2012 09:56:44 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000105958290

* 04/02/2012 13:25:07 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12
AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY
OR RELIABILITY ISSUE AT THIS TIME.

*

*

* 01/24/2013 12:18:41 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106655939

* 02/28/2013 13:10:19 Christina L. Dangerfield (CLD9) Phone 916/386-5422



Corrective Work Form Electric Transmission Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #1 A5/137 RPL 2 ANCHORS

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* NOTIFICATION REASSESSED BY JOHN HANDY 2/20/13, POSTPONE THE REQUIRED END

DATE UNTIL NEXT PATROL 3/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS
TIME.

* _____

* _____

* 12/16/2013 10:01:49 Christina Dangerfield (CLD9) Phone 916/386-5422

* PER RAMON MALDONADO, ROM4, COMPLETED 12/13/13.

* _____

Completed by: Ramon Maldonado (ROM4)
(Name and LAN ID):

Date: 12/13/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):


Date: / /

1112

4/2/14

CPUC

Answer 4/4/14

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2.		
	DRUM-SUMMIT #1 CORRECT GROUND CLEARANCE <i>WHY LATE</i>		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 106027940
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1440		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): JOHN HANDY		DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 04/26/2012 15:36:15 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES.			
* _____			
* 05/13/2013 08:28:08 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE			
BEEN PREPARED <(>&<)> RELEASED TO CONST SEE PM 30884822.			
* _____			
Completed by: (Name and LAN ID):	Date: 05/13/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):	Date: / /		

- NOTIFICATION WAS CREATED ON THIS WECC LINE FOR A CAPITAL PROJECT TO IMPROVE RELIABILITY AND RECONSTRUCT.
- THIS NOTIFICATION WAS CLOSED AND THE WORK WAS CREATED UNDER A CAPITAL PROJECT.
- SHOULD HAVE BEEN DELETED NOT CLOSED

COPY

<div style="display: flex; justify-content: space-between;"> 4/2/14 C PUE </div> <div style="display: flex; align-items: center;"> <div> Corrective Work Form Electric Transmission Line </div> </div>		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DRUM-SUMMIT #2 CORRECT GROUND CLERANCE LATE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 106027941
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450 SAP EQUIPMENT #: 7 FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2 (LINE NAME): PLANNER GROUP: TLN		CREW CLASS: CREW SIZE: 00 ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">0.0</div> ANTICIPATED MATERIAL COSTS:	WORK TYPE CODE: <div style="text-align: center;">400</div>
EXECUTION			
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): JOHN HANDY		DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required). * 04/26/2012 15:37:01 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES. * _____ * 05/13/2013 08:28:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE BEEN PREPARED <>&<> RELEASED TO CONST SEE PM 30884838. * _____			
Completed by: (Name and LAN ID):		Date: 05/13/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	



Pacific Gas and
Electric Company

to CPUC 4/4/14
Evaluation of Transmission and Distribution
Towers or Lattice Steel Poles
for Prevention of Unauthorized Climbing

Electric T&D Engineering
10/08
F1072-1

Date _____

Line Name _____

Structure # _____

ETL# _____

Inspector (Print) _____

Supervisor (Print) _____

Inspector (Sign) _____

Supervisor (Sign) _____

1. Existing barriers prevent unauthorized climbing (check if this applies): ☐

Continue the evaluation for recording purposes only.

Evaluation of T&D Tower or Lattice Steel Pole for Installation of Climbing Barriers

The words in **bold** in the questions below are defined on Page 2.

2. Has a transmission line supervisor or distribution compliance supervisor, or designee, become aware of and verified that an unauthorized person has climbed the **tower or lattice steel pole**? Yes ☐ No ☐

If the answer is "Yes," climbing barriers are required. If the answer is "No," continue with the evaluation.

3. Is the tower or pole of a design that can be **easily climbed**? Yes ☐ No ☐

If the answer is "Yes," continue with the evaluation. If the answer is "No," stop the evaluation, as climbing barriers are not required.

If the answer is "Yes" to either of the following two questions, climbing barriers are required. If both answers are "No," continue the evaluation.

4. Is the tower or pole **adjacent** to a **school** or park? Yes ☐ No ☐

5. Is there less than 5 feet of horizontal distance from the conductor to the steel surface? Yes ☐ No ☐

6. Was the tower or pole constructed, reconstructed, or relocated after 1-1-92? Yes ☐ No ☐

If the answer is "Yes," continue with the evaluation. If the answer is "No," stop the evaluation, as climbing barriers are not required.

If the answer is "Yes" to any of the following questions, climbing barriers are required.

7. Is the tower or pole in an **urban** area? Yes ☐ No ☐

8. Is the tower or pole in a **rural** area **adjacent** to a **dwelling**? Yes ☐ No ☐

9. Is the tower or pole in a rural area **adjacent** to a permanent or seasonal **camp**? Yes ☐ No ☐

10. Is the tower or pole in a rural area in an **orchard**? Yes ☐ No ☐

11. Is the tower or pole in a rural area **near** a road or trail that is **frequently traveled**? Yes ☐ No ☐

Conclusion: Climbing barriers are ☐ are not ☐ required.

Definitions

Adjacent	Close to, lying near, sharing a common boundary, adjoining. Points within 1/8 mile (660 feet) are considered adjacent to one another.
Camp	A group of cabins or other shelters used for vacationing, living, or other recreational purposes.
Cultivated Agricultural Area	An area prepared and used for the raising of crops. For the purposes of this standard, orchards are considered to be cultivated agricultural areas.
Dwelling	A permanently or seasonally inhabited building.
Easily Climbed	A tower is considered easily climbed if it has any horizontal member (including a tower step) within 8 feet of the tower footing or ground, or if it is within 6 feet of a fence, wall or other easily climbed object. In addition, tower members located within 8 feet of the tower footing that have an angle of less than 45° from the horizontal are considered easily climbed.
Frequently Traveled	<p>Frequently traveled pathways include highways, surfaced public roads, and unsurfaced graveled public roadways, and dirt trails on public property that are obvious public hiking, walking, or biking trails. Private roads, trails on private property, and trails on public property that do not have obvious indications of public access, hiking, walking, or biking are not considered frequently traveled.</p> <p>Trails that are designated as public hiking, walking, or biking trails are considered frequently traveled. Trails on private property and those on public property that are not designated as public hiking, walking, or biking trails are not considered as frequently traveled.</p> <p>Roads and trails meeting the Caltrans designation of Classes 0 through 5 are considered frequently traveled.</p>
Lattice Steel Pole	A metal structure having a least two legs that are less than 4 feet apart at either the ground level or the concrete foundation level.
Near	A short distance. Approximately ¼ mile or 1,320 feet.
Orchard	A parcel of land devoted to the cultivation of fruit or nut trees.
Rural	Areas with a population of less than 1,000 persons per square mile as determined by the latest United States census.
School	A public or private place of learning including, but not limited to, daycare centers, elementary schools, high schools, colleges, and universities.
Tower	A metal structure having at least two legs that are more than 4 feet apart at the ground level or the concrete foundation level.
Urban	Areas with a population of more than 1,000 people per square mile as determined by the latest United States census.

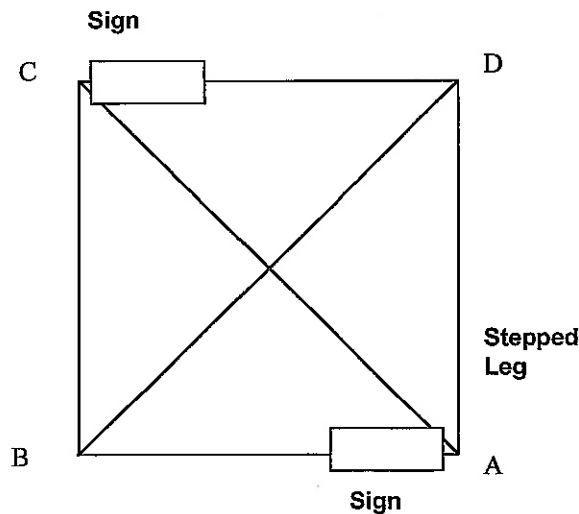


Figure 1. Tower Marking Arrangement

3. Stepping

Tower steps and ladders will not be less than 7 feet 6 inches from the ground line or from any easily climbed foreign structure within 6 feet of the tower from which one could reach or step, including tower footings. However, footing caps can often be more than 6 inches above the ground line, therefore all measurements for the installation of the first step should be from the top of the footing cap, fence, wall, or ground level which would provide access to the first tower step. **Temporary steps must not be left unattended on any tower at any time.**

COPY

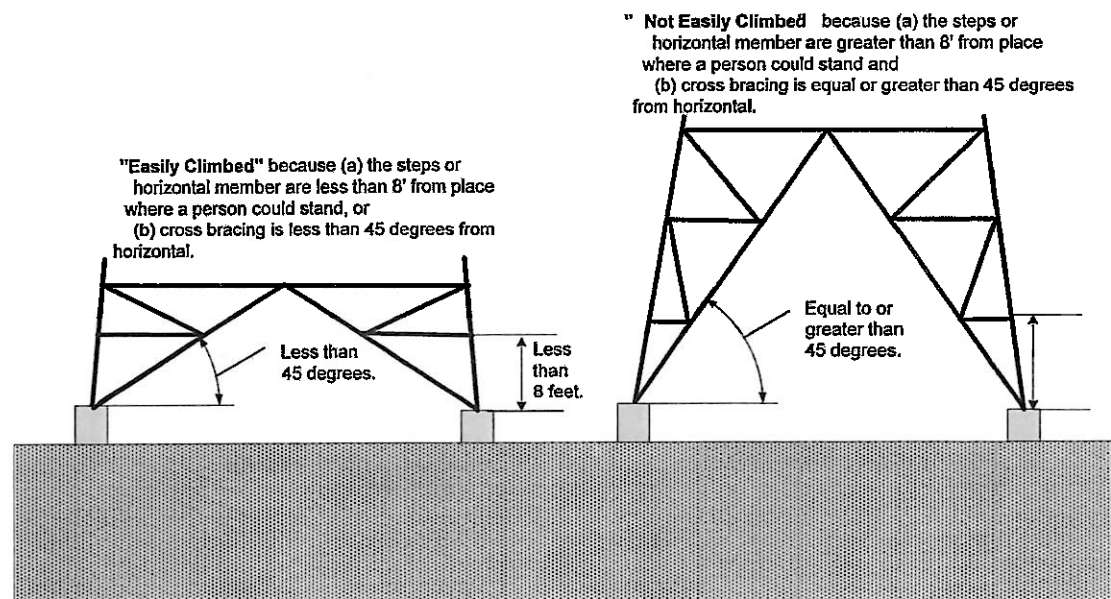



Figure 2. "Easily Climbed" and "Not Easily Climbed" Towers

4/2/14

CPUC

(CREATED) REPORT

to CPUC 4/4/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 Drum-Rio Oso #1-115kV Imprv TLine Reliab WHY COMPLETED SAME DAY?	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 31016723 Created Notification # 107095948	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1420		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	671
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Mario Jones (MXHQ)		DATE FOUND (NOTIF DATE): 08/23/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
Completed by: (Name and LAN ID):	Date: 08/23/2013	Actual Labor-Hours:	
Reviewed by: (Name and LAN ID):	Date: / /		

WHAT WAS DONE?
 NOTIFICATION created to charge time only
 for a capital project to improve reliability to the line

* ENGINEER CHARGED TIME TO JOB ORDER #...

Y90

4/3/14

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 Drum-Rio Oso #1-115kV Imprv TLine Reliab	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 31016723 Created Notification # 107095948	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1420		CREW CLASS:	
SAP EQUIPMENT #:		CREW SIZE: 00	
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
		0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2015		MAIN WORK CENTER: SACTO - Sacramento	
VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Marlo Jones (MXHQ)		DATE FOUND (NOTIF DATE): 08/23/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
Completed by: (Name and LAN ID):		Date: 08/23/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

• NOTIFICATION CREATED TO CHARGE TIME FOR
A CAPITAL PROJECT TO IMPROVE RELIABILITY
TO THE LINE.



PACIFIC GAS & ELECTRIC CO.
POLE INSPECTION & TREATMENT DETAIL REPORT

Line Name: RIO OSO-WOODLAND #2
Line Code: 10281
Voltage: 115
Headquarters: SACRAMENTO
Week Ending: 11/23/2013
Date: 11/19/2013
Job Number: 1011320
Reference #: 122RB47Q
Crew ID: 122RB
Foreman: RONALD BYARD
Supervisor: AUDYCKI, JOHN A
County: YOLO
State: CA
Contract #: 3470
ETL: 3470

Pole ID A017106C
MFR BAX
YEAR E1963
LENGTH/CLASS E50/2
SP/RECIPIES/ DF/P
ORIG 43
ORIG 43
INSP TYPE P
INSP 1
WF Pints 1
BAND .
VELB .
MMP .
REMARKS AND NOTES
RIGHT OF WAY. Transmission Pole. Framing Type: STR99 (115 KV). Struct Type: SWP.

Cust Pole Num: A17106C
SAP: 42631594
12inBGL 0 AtGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0

YOLO COUNTY

20 MIN NGRT OF WOODLAND

Inspection Type
Partial Excavate (P)1



TD-1001M-F02
Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (short text – 40 characters maximum) Line Name, Structure #, Work description. For Repair Report see page 2

PM 41916411

PALERMO-BOGUE :00/001A HOT CONNECTOR

INFORMATION REQUIRED BY QCR

INFORMATION COMPLETED BY FLS

INFO REQUIRED BY QCR UPON COMPLETION

LC NOTIFICATION

PRIORITY CHOICES: ☐ A ☒ B ☐ E ☐ F
 A = IMMEDIATE SAFETY RESPONSE B = URGENT COMPLIANCE
 E = SCHEDULE COMPLETED YEAR 0 F = SCHEDULE COMPLETED YEAR 1+

Created Notification #

106989600

☐ **CD NOTIFICATION**

PRIORITY CHOICES: ☐ A ☐ B ☐ E ☐ F
 A = IMMEDIATE SAFETY RESPONSE B = URGENT COMPLIANCE
 E = SCHEDULE COMPLETED YEAR 0 F = SCHEDULE COMPLETED YEAR 1+

Created Notification #

POSTED

USER STATUSES

- ☐ LIGHT EQUIPMENT ACCESS - ACCL
☐ MEDIUM EQUIPMENT ACCESS - ACCM
☐ HEAVY EQUIPMENT ACCESS - ACCH
☐ FOOT ACCESS ONLY - ACCF

- ☐ CLEARANCE REQUIRED - CLR
☐ INSPECTION - INSP
 PATROL - PATR
☐ NOMINATION - NOMN

- X Expense - EXP
☐ Capital - CAP
☐
☐

- ☐
☐
☐
☐

REFERENCE INFO

FUNCTIONAL LOCATION (LINE NAME) PALERMO-BOGUE 115KV LINE

CREW CLASS (SIZE):

WORK TYPE CODE:

SAP EQUIPMENT #: 40576518

CREW CLASS (SIZE):

628

ETL#: 3200

EST TOTAL LABOR-HOURS TO COMPLETE
 (labor-hours = Crew Size x Hours to Complete – no travel time):

PLANNER GROUP: TLN

EXECUTION

REQUIRED END DATE:

MAIN WORK CENTER (HEADQUARTER)
 SACRAMENTO T-LINE

VOLTAGE:

60kV ☐ 70 kV ☒ 115 kV ☐ 230 kV ☐ 500kV

~~6-11-2013~~ 8/11/13

LOCATION DATA (OPTIONAL INFORMATION)

STREET ADDRESS: GEORGE AVE. & HARVEY RD.

CITY: OLIVEHURST

ZIP (if known)

DIVISION CODE (LOCATION):

COUNTY CODE (PLANT SECTION):

COMPLETION DATES

REPORTED BY (Name and LAN ID): CURT JENNINGS CDJ7

DATE FOUND (NOTIF DATE): 6-11-2013

COMMENTS (LONG TEXT): Describe the work required and the equipment and materials needed (e.g., area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

REPLACE U-BOLT CONNECTORS W/ AMP CONNECTORS SHOWING HOT ON
 INSULATED, Jumper between T 29/211 & T 0/1A

Replaced all 3 sets of u bolt conn. to Amps.

Completed by *Dawn*
 (Name and LAN ID):

Date: 7/17/13

Actual Labor-Hours:

Reviewed by *[Signature]*
 (Name and LAN ID):

Date: 6/19/13

PM # 41916411

COPY



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Infrared Trouble Shooting Report

Infrared Inspections Inc.

Client Name: Pacific Gas & Electric

Date of Inspection: June 10, 2013

Picture Number: 001

Region: Vacaville Sacramento

Time of Inspection: 10:29

Located on Video: 06102013001

Anomaly Description: East Circuit, Bottom Phase, Jumper Wire Bolt Connection

Structure: Structure ^{d/a} #29/211

Circuit: Palermo - Bogue Line

Anomaly Location: Rio Oso - GPS: N38 59.923 W121 32.408

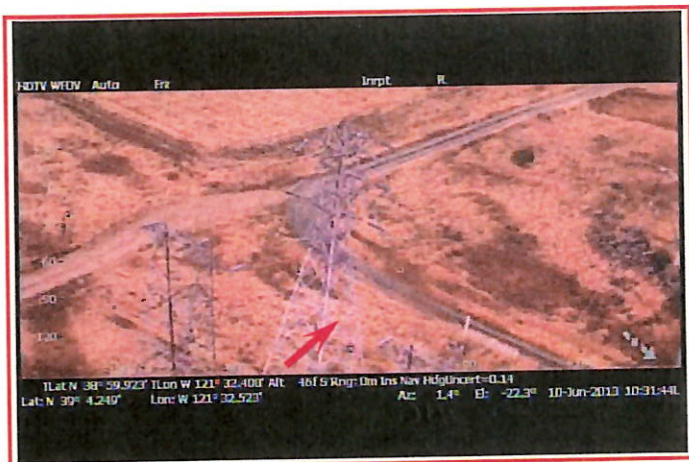
Problem Area Temperature: N/A °F

Ambient Area Temperature: 60 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Overcast	
Wind Velocity	8	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet



Inspector: Christopher R. Gaskill

Certification: HS007

Repaired By:

Comment:

Date:

Pre/ Post Check and Work Verification For Overhead/Underground Transmission Facilities

PM Order number:

Notification Tag #:

Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.


Pre-Check	
Crew Leader/ Supervisor: Job Pre-Check completed by	<u>[Signature]</u> on <u>7/17/13</u> Signature Date
Comments are optional, document anything out of the ordinary that needs to be addressed.	

Post Check	
Crew Leader: Job Post-Check completed by	<u>[Signature]</u> on <u>7/17/13</u> Signature Date
Completed job file includes:	
<input checked="" type="checkbox"/> All required forms signed by Crew Leader	<input type="checkbox"/> Construction Report Sheet
<input type="checkbox"/> Red Lined Changes	<input type="checkbox"/> Joint Pole Form
<input type="checkbox"/> Environmental forms	

Field Work Verification	
Work Verification completed by	on Signature Date
Location(s) verified	
Corrective items identified (yes/no) If yes, record in Comments (backside)	
Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)	
Crew leader signs and dates when all corrective actions have been completed	
Signature	on Date

Office Work Verification	
Documentation Review: Office documentation completed by:	on Signature Date
Comments (Optional):	

YUBA

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 char. max): Line Name, Structure #, Work Description. For Repair Report see page 2 POE RIO OSO 73/475-73/476 HOT SLEEVE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 41940522 Created Notification # 107070041	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Splice (CF14)	<input checked="" type="checkbox"/> Hot/Heating (EL13)		<input checked="" type="checkbox"/> Completed By : (COMP)
POSTED			
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> INFRARED - IR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5540.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40843652		CREW SIZE: 00	536 591
FUNCTIONAL LOCATION 20126 POE-RIO OSO+-INSULATOR (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 11/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY: ZIP (if known): 00000	
DIVISION CODE (LOCATION): NV		COUNTY CODE (PLANT SECTION) 051	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): James Arden (JTA6)		DATE FOUND (NOTIF DATE): 08/01/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 08/09/2013 09:36:34 Aida Luna (AXRU) Phone 530/896-4277			
* per buck arden on 8/1/2013 during an IR patrol found hot sleeve bottom			
* phase.			
* _____			
* 08/15/2013 11:08:14 Christina Dangerfield (CLD9) Phone 916/386-5422			
* CORRECTION TOP PHASE, 73/475 - 73/476,			
* _____			
Completed by: (Name and LAN ID): <i>ROMY</i>	Date: 08/01/2013 10-17-13	Actual Labor-Hours:	
Reviewed by: (Name and LAN ID): <i>JTA</i>	Date: 10-21-13		

**Pre/Post Check and Work Verification
For Overhead/Underground Transmission Facilities**

PM Order number: 41940522

Notification Tag #: 107070041

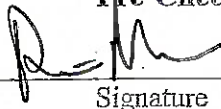
Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.

Pre-Check

Crew Leader/ Supervisor:

Job Pre-Check completed by


Signature

on

10-17-13

Date

Comments are optional, document anything out of the ordinary that needs to be addressed.

Post Check

Crew Leader:

Job Post-Check completed by


Signature

on

10-17-13

Date

Completed job file includes:

- ☐ All required forms signed by Crew Leader
- ☐ Red Lined Changes
- ☐ Environmental forms

- ☐ Construction Report Sheet
- ☐ Joint Pole Form

Field Work Verification

Work Verification completed by

Signature

on

Date

Location(s) verified

Corrective items identified (yes/no) _____ If yes, record in Comments (backside)

Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)

Crew leader signs and dates when all corrective actions have been completed

Signature

on

Date

Office Work Verification

Documentation Review:

Office documentation completed by:

Signature

on

Date

Comments (Optional):



CONFIDENTIAL

HOT/SHOT Infrared Trouble Shooting Report

Infrared Inspections Inc. Inc.

Client Name: Pacific Gas & Electric

Date of Inspection: August 1, 2013

Picture Number: 064

Region: Table Mountain

Time of Inspection: 12:10

Located on Video: 08012013001

Anomaly Description: Bottom Phase, Mid-Line Splice Connection

Structure: Between Structures #366 & #367

Circuit: Poe - Rio Oso Line

Anomaly Location: Yuba - GPS: N39 10.724 W121 28.329

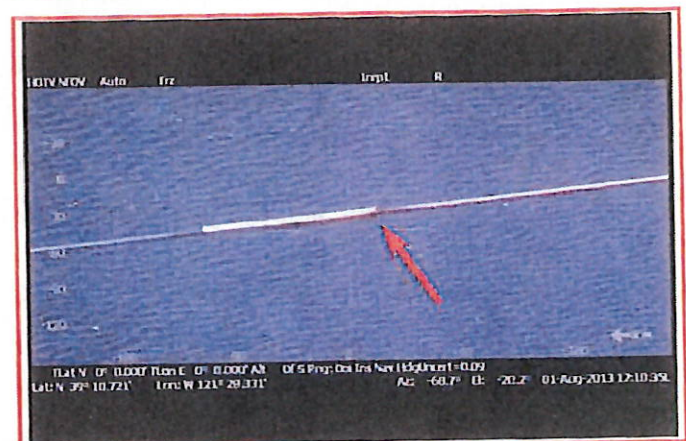
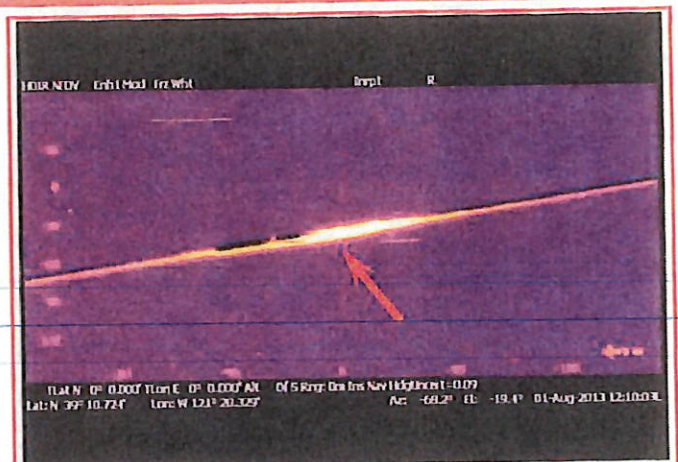
Problem Area Temperature: N/A °F

Ambient Area Temperature: 70 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Sunny	
Wind Velocity	10	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet


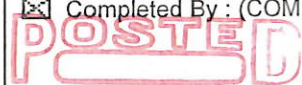


Inspector: Christopher R. Gaskill

Certification: HS007

Repaired By: _____ **Comment:** _____ **Date:** _____

SOUTH OF THORNTON, 45 MINS SOUTH OF SAC

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 POE RIO OSO 57/366 - 57/367 HOT SLEEVE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41940522 Created Notification # 107070042
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Splice (CF14)	<input checked="" type="checkbox"/> Hot/Heating (EL13)		<input checked="" type="checkbox"/> Completed By : (COMP) 
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> INFRARED - IR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5540.INSL SAP EQUIPMENT #: 40843621 FUNCTIONAL LOCATION (LINE NAME): 20126 POE-RIO OSO+-INSULATOR PLANNER GROUP: TLN		CREW CLASS: ETLEQP CREW SIZE: 00	WORK TYPE CODE: 536 591 ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 11/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): NV		COUNTY CODE (PLANT SECTION): 058	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): James Arden (JTA6)		DATE FOUND (NOTIF DATE): 08/01/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required). * 08/09/2013 09:37:56 Aida Luna (AXRU) Phone 530/896-4277 * per buck arden during an ir patrol found hot sleeve bottom phase			
Completed by: (Name and LAN ID): ROMY		Date: 08/01/2013 10-14-13	Actual Labor-Hours:
Reviewed by: (Name and LAN ID): JAT		Date: 11 10 21 13	

**Pre/Post Check and Work Verification
For Overhead/Underground Transmission Facilities**

PM Order number: 41940522

Notification Tag #: 107070042

Purpose: To document and record job site post-checks and work verification.

Application: All electric transmission, new construction, reconstruction, and maintenance work including tower work which requires a notification tag to have been created. The comments section may be used to expand on items found, and respective post-check job issues identified during reviewed.

Pre-Check

Crew Leader/ Supervisor: [Signature] on 10-14-14
Job Pre-Check completed by _____ Signature Date

Comments are optional, document anything out of the ordinary that needs to be addressed.

Post Check

Crew Leader: [Signature] on 10-14-14
Job Post-Check completed by _____ Signature Date

Completed job file includes:

- ☐ All required forms signed by Crew Leader
☐ Red Lined Changes
☐ Environmental forms

- ☐ Construction Report Sheet
☐ Joint Pole Form

Field Work Verification

Work Verification completed by _____ on _____
Signature Date

Location(s) verified _____

Corrective items identified (yes/no) _____ If yes, record in Comments (backside)

Infractions: (Attach additional documents as desired; i.e. Photo, Notification tag)

Crew leader signs and dates when all corrective actions have been completed

Signature on _____ Date

Office Work Verification

Documentation Review:

Office documentation completed by: _____ on _____
Signature Date

Comments (Optional):



CONFIDENTIAL

HOT/SHOT Infrared Trouble Shooting Report

Infrared Inspections Inc., Inc.

Client Name: Pacific Gas & Electric

Date of Inspection: August 1, 2013

Picture Number: 065

Anomaly Description: Top Phase, Mid-Line Splice Connection

Structure: Between Structures #366 & #367

Circuit: Poe - Rio Oso Line

Anomaly Location: Rio Oso - GPS: N38 10.724 W121 28.329

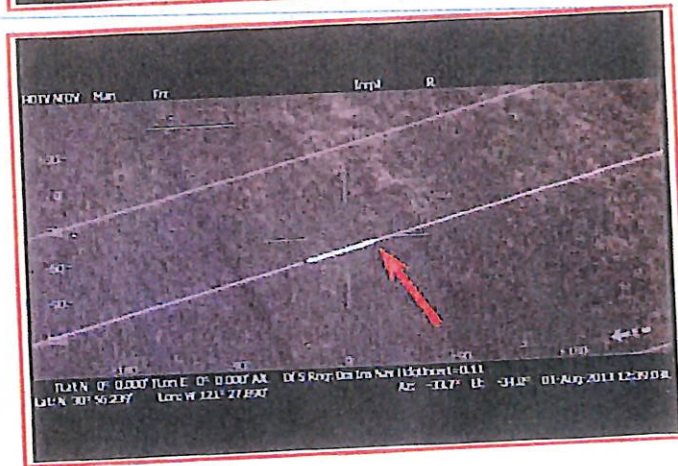
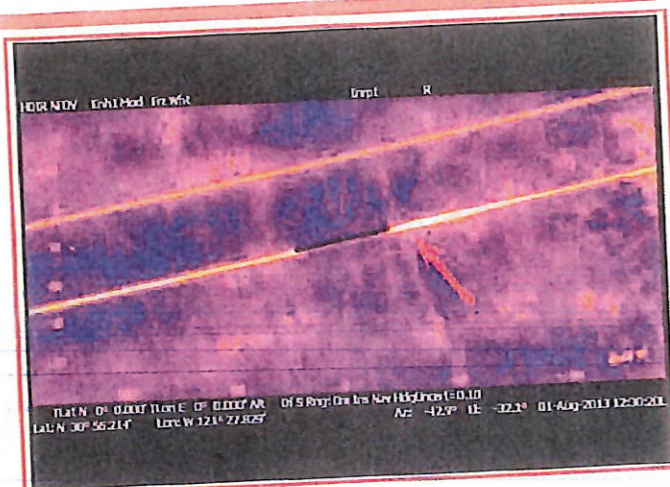
Problem Area Temperature: N/A °F

Ambient Area Temperature: 70 °F

Total Temperature Rise: N/A °F

Severity of Problem: III (Intermediate)

Weather Conditions	Sunny	
Wind Velocity	10	Knots
Line Load	Unknown	Amps
Distance to Target	1000	Feet



Inspector: Christopher R. Gaskill

Certification: HS007

Repaired By: _____

Comment: _____


Date: _____


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DIXON-VACA #1 002/076 REPLACE POLE ? WXB7 REASSESSED	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LR Notification	PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R E = System Integrity O = Reliability/Capacity G = Planned Int Work R = Systemic Problem L = Operation Compliance		Order# 30629966 Created Notification # 102895595
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6730.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE: 372
SAP EQUIPMENT #: 40612561		CREW SIZE: 05	
FUNCTIONAL LOCATION (LINE NAME): 60066 DIXON-VACA #1+-WOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 80.0	
PLANNER GROUP: TLX			
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): OSMOSE		DATE FOUND (NOTIF DATE): 01/28/2008	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 03/18/2008 11:22:02 Helen Sakai (HXS4) Phone 209/942-1669			
* PER OSMOSE REPT, POLE NEEDS TO BE REPLACED			
* 02/04/2010 07:18:21 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
*			
* SACRAMENTO T-LINE WXB7 REASSESSED THIS TAG AND MOVED THE REQUIRED END			
DATE OUT TO 3/31/10; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME			
* 02/04/2010 08:30:25 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
*			
* CORRECTION: WXB7 MOVED THE REQUIRED END DATE OUT TO 3/30/11			
*			
* 03/30/2011 11:30:34 Christina L. Dangerfield (CLD9) Phone 916/386-5422			

WHO IS WXB7?

BEARD - T-TROUBLEMAN

COPY

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DIXON-VACA #1 002/076 REPLACE POLE	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
* SACRAMENTO T-LINE JEH6 REASSESSED THIS NOTIFICATION ON 1/30/11 AND POSTPONE THE REQUIRED END DATE OUT UNTIL THE NEXT PATROL MARCH 2012; NO SAFETY OR RELIABILITY ISSUES AT THIS TIME.		
* _____ C _____		
* 01/11/2012 12:52:46 Donna K. Thorne (DKT1) Phone 831/633-6935 Data Cleansing: Move Req End Date to 11/30/2015.		
C _____		
* 02/22/2012 13:18:50 Katie E. Martin (KEO9) Phone 916/408-3292 After further review of pole process, the superintendents have decided to move #pole# (TLX/372/400) notifications back to original date to allow the contract group to manage.		
* 04/02/2012 12:45:39 Christina L. Dangerfield (CLD9) Phone 916/386-5422		
* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 3/29/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/13. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.		
* _____		
* 02/28/2013 10:09:23 Christina L. Dangerfield (CLD9) Phone 916/386-5422		
* NOTIFICATION REASSESSED BY JOHN HANDY 2/19/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL 3/31/14. RW CLEARED, GOOD ACCESS TO POLE, NEW POLE ON SITE, THIS POLE SHOULD BE INCLUDED WITH 2013 POLE REPLACEMENTS. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.		
* _____		
* 08/21/2013 14:28:13 Charlene McLeod (CMMD) Phone 209/942-1669		
* GC TLINE REPLACED POLE ON 8/20/2013 PER JASON MADIGAN		
Completed by: GC TLINE (Name and LAN ID):	Date: 08/20/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 REAS- RIO OSO-BRIGHTON 10/71 RPR BRACE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41895045 Created Notification # 106922448
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Leg member (SS01)	<input checked="" type="checkbox"/> Broken (MC02)		
USER STATUSES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5600.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40581047		CREW SIZE: 00	599
FUNCTIONAL LOCATION 20132 RIO OSO-BRIGHTON+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLG		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: RD 26 & RD 90		CITY: WOODLAND	ZIP (if known): 95695
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Ramiro Ortiz (RX08)		DATE FOUND (NOTIF DATE): 05/28/2009	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/09/2013 11:03:14 Donna K. Thorne (DKT1) Phone 831/633-6935			
* Reassessment of Notification: 000103883693			
* 06/25/2009 14:56:07 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* REPLACE BROKEN BRACE AT GROUND LEVEL			
C -----			
* 03/30/2010 10:09:43 Veronica L. Conerly-Scott (VLC5) Phone 916/923-7082			
* Reassess notification no -000104638615			
* 04/06/2010 07:56:58 Pam S. Ramirez (PSR2) Phone 530/757-5945			
* 3/31/2010 - MVC6 - TWR 10/71 ON GRAZING FIELD, ACCESS FROM HWY 99 N TO			
RIEGO EAST. BECOMES BASELINE RD, LEFT ON COUNTRY ACRES, GO THROUGH FIRST			
GATE AT END OF ROAD TO NEXT CHAIN GATE. TWR 73 IS ON LEFT. TWR NEEDS 4			

COPY

4 yrs to
complete

COPY



Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-BRIGHTON 10/71 RPR BRACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

SWAY SPLICES 2X2X1/8

C -----

* 04/29/2011 13:03:20 Veronica L. Conerly-Scott (VLC5) Phone 916/760-3344

* Reassess notification no -000105289046

* 05/10/2011 10:52:12 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* GC TOWER JVC4 REASSESSED THIS TAG ON 5/2/11 AND FOUND THAT TOWER IS IN
SAME CONDITION AS THE 3/31/10 REASSESSMENT.

* (4) BRACES NEED TO BE SPLICED - 4) 2x2x1/8x10' LONG. REQUIRED END DATE
MOVED OUT TO 5/30/13

* -----

C -----

* 01/24/2012 13:11:27 Donna K. Thorne (DKT1) Phone 831/633-6935 2012 Data

Cleansing: Found to not have safety, reliability or asset life issues at
this time. Moved Req End Date to 05/30/2013.

* 05/30/2013 13:46:14 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* GC TOWER JVC4 REASSESSED NOTIFICATION ON 5/28/13 AND FOUND THAT TOWER IS
IN THE SAME CONDITION AS LAST 5/2/11 REASSESSMENT

* REQUIRED END MOVED OUT 24 MONTHS TO 5/31/15.

* -----

Completed by:

(Name and LAN ID):


Date: 05/28/2013

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: / /

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	REAS- RIO OSO-WOODLAND #2 34/212 INSPECT		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41895044 Created Notification # 106922500
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Concrete Footing (FO02)	<input checked="" type="checkbox"/> Other (CH10)		
USER STATUSES			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3470.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE: 599
SAP EQUIPMENT #: 40669136		CREW SIZE: 00	
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND #2+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">0.0</div>	
PLANNER GROUP: TLG		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: <div style="border: 1px solid blue; border-radius: 50%; padding: 2px; display: inline-block;">05/31/2013</div>	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: RD 26 & RD 90		CITY: WOODLAND	ZIP (if known): 95695
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 06/03/2009	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/09/2013 11:03:16 Donna K. Thorne (DKT1) Phone 831/633-6935			
* Reassessment of Notification: 000103922683			
* 07/29/2009 14:07:32 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* -PERFORM FOLLOW UP FOOTING INSPECTION AFTER VEGETATION HAS BEEN REMOVED;			
* NOT ABLE TO CHECK DURING ROUTINE PATROL			
<div style="font-size: 2em; color: blue; opacity: 0.5; transform: rotate(-15deg);">COPY</div>			
* 01/04/2010 09:53:23 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* SACRAMENTO T-LINE D1BS REASSESSED THIS TAG ON 12/29/09 AND MOVED THE			
REQUIRED END DATE OUT 3 MONTHS TO 3/31/10; VEGETATION STILL NOT REMOVED			
* _____			
C _____			

4 YEARS TO COMPLETE

copy



Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #2 34/212 INSPECT

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 03/02/2010 08:58:05 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104603642

* 03/19/2010 10:16:50 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 REASSESSED THIS TAG ON 3/18/10 AND MOVED THE
REQUIRED END DATE OUT 1 YEAR TO 3/31/11

*

* 03/29/2010 07:29:30 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* ON 3/26/10, SACRAMENTO T-LINE BPJ2 MOVED THE REQUIRED END DATE MOVED OUT
3 MONTHS TO 6/30/10 DUE TO NO IMMEDIATE HAZARDS

*

C

* 05/05/2010 09:00:08 Kathleen E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000104678013

* 05/27/2010 09:27:24 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE SXC9 REASSESSED THIS TAG ON 4/23/10 AND MOVED THE
REQUIRED END DATE OUT TO 5/31/11; NO SAFETY OR RELIABILITY ISSUES AT
THIS TIME.

*

C

* 04/28/2011 14:07:24 Katie E. Martin (KEO9) Phone 916/408-3292

* Reassess notification no -000105288360

* 05/11/2011 14:32:33 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY JEH6 REASSESSED THIS NOTIFICATION 5/9/11
AND MOVED THE REQUIRED END DATE UNTIL NEXT PATROL 5/31/12, VEGETATION
STILL NOT REMOVED, CANNOT INSPECT FOOTINGS, SCHEDULE VEG WORK, (nOTIF.
103922619), THEN F/U W/INSPECTION ADJACENT FOOTINGS OK. NO SAFETY OR
RELIABILITY ISSUE AT THIS TIME.

*

C

* 01/04/2012 08:34:16 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* CHANGED WORK TYPE CODE FROM 532 TO 628 AND PLANNER GROUP FROM TLV/VEG TO

* TLT/TWR.

*

C

* 04/09/2012 15:14:08 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106002461

* 05/17/2012 09:50:25 Patrick W. Coughlin (PWC1) Phone 530/757-5942

*

* Sacto T-Line changed the Planner Group on 1/4/12 from TLV to TLT on
reassessment 106002461. It should have been changed to TLG. This
reassessment notification has been closed on 5/17/12

*

* 05/17/2012 08:05:00 Stacie R. Doyle (SRF5) Phone 916/772-7044

* Reassess notification no -000106054595 for GC Tower



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #2 34/212 INSPECT

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 05/23/2012 07:30:48 Patrick W. Coughlin (PWC1) Phone 530/757-5942

* REASSESSED BY GC TOWER JVC4 ON 5/17/12.

* VEGETATION HAS NOT BEEN REMOVED AT THIS TIME.

* GC TOWER WILL COMPLETE REPAIRS ONCE VEGETATION HAS BEEN REMOVED.

* REQUIRED END DATE MOVED OUT 12 MONTHS TO 5/31/13. ~~5/31/13~~

* _____

* 05/31/2013 12:04:12 Patrick W. Coughlin (PWC1) Phone 530/757-5942

* GC TOWER JVC4 REASSESSED THIS NOTIFICATION ON 5/30/13 AND FOUND THAT THE TOWER NEEDS THE FOLLOWING STEEL REPLACED:

* 1 - 3-1/2"X3-1/2"X1/4"X7'LONG LEG

* 1 - BUTT SPLICE 3-1/2"X3-1/2"X1/8"

* 1 - SINGLE STRUT

* 1 - X ABOVE FIRST STRUT

* 3 - 1-3/4"X1-3/4"X1/8X5'LONG SWAYS

* GC TOWER WILL SCHEDULE WORK.

* REQUIRED END DATE MOVED OUT 12 MONTHS TO 5/31/14

* _____

Completed by:

(Name and LAN ID):

Date: 05/30/2013

Actual Labor-Hours:

Reviewed by


(Name and LAN ID):


Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-WOODLAND #2 34/212 RPR BENT STL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41684167 Created Notification # 103922616
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Non-leg Member (SS03)	<input checked="" type="checkbox"/> Buckled/Bent (MC03)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3470.TOWR		CREW CLASS: ETLEQP	
SAP EQUIPMENT #: 40669136		CREW SIZE: 00	
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND #2+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLG		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 04/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: RD 26 & RD 90		CITY: WOODLAND	ZIP (if known): 95695
DIVISION CODE (LOCATION):		COUNTY CODE (PLANT SECTION)	057
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 06/03/2009	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 07/29/2009 13:41:30 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* -INSPECT & REPAIR BENT STEEL ON TOWER ✓			
* -NOTE: TAG SUBMITTED TO VEGETATION DEPT TO CLEAR FOOTPRINT			
C -----			
* 08/20/2009 06:53:19 Lisbeth Kosnik (LMKE)			
* Reassess notification no -000103952346			
* 08/28/2009 10:57:54 Pam S. Ramirez (PSR2) Phone 530/757-5945			
* 8/25/09 - JVC4 - TOWER HAS DAMAGE AND NEEDS STRUTT <(>&<)> FIRST			
XBRACING ABOVE STRUTT. TOWER NEEDS VEG REMOVED FROM BOTTOM OF TOWER			
BASE TO REPAIR STEEL.			
C -----			

COPY

5 yrs

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-WOODLAND #2 34/212 RPR BENT STL
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).	
* 09/14/2010 15:59:51 Veronica L. Conerly-Scott (VLC5) Phone 916/923-7082	
* Reassess notification no -000104815686	
* 10/21/2010 15:42:31 Pam S. Ramirez (PSR2) Phone 530/757-5945	
*	
*	
*	
* 10/19/10- JVC4 - REASSESSED. TOWER NEEDS REPAIRS <(>&<)> VEG REMOVED	
FROM TOWER BASE. SEE NOTES. MOVE DUE DATE 18 MOS.	
C -----	
* 01/24/2012 10:42:54 Donna K. Thorne (DKT1) Phone 831/633-6935 2012 Data	
Cleansing: Found to not have safety, reliability or asset life issues at	
this time. Moved Req End Date to 11/15/2015	
C -----	
* 03/05/2012 15:14:59 Stacie R. Doyle (SRF5) Phone 916/772-7044 After	
further reviews, the superintendents have decided to move notifications	
back to original required end date	
C -----	
* 04/05/2012 11:06:36 Donna K. Thorne (DKT1) Phone 831/633-6935	
* Reassess notification no -000105999006	
* 04/18/2012 13:10:58 Patrick W. Coughlin (PWC1) Phone 530/757-5942	
*	
* GC TOWER JVC4 REASSESSED THIS NOTIFICATION ON 4/9/12 AND FOUND THAT	
TOWER IS IN SAME CONDITION AS THE LAST 10/19/10 REASSESSMENT. GC TOWER	
WILL SCHEDULE REPAIRS. REQUIRED END DATE MOVED 24 MONTHS TO 4/30/14.	
* -----	
* 10/04/2013 09:58:56 Patrick Coughlin (PWC1) Phone 530/757-5942	
* GC TOWER MVC6 COMPLETED REPAIRS ON 9/18/13 BY REPLACING STRUT AND	
X-BRACE ABOVE SPLICE. CLEANED ALL FOOTINGS AND RECAPPED <(>&<)> SEALED	
ALL FOOTINGS.	
* -----	
Completed by: (Name and LAN ID):	Date: 09/18/2013 Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /


 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 COLUSA #1 3/72 RPL ANCHOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31065879 Created Notification # 107472421
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Anchor (AG10)	<input checked="" type="checkbox"/> Earth covered (CH14)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40873232		CREW SIZE: 00	400
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: COLUSA #1		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 11/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 11/26/2013 11:56:16 Christina Dangerfield (CLD9) Phone 916/386-5422			
* REPLACE BURIED ANCHOR 3FT.			
* _____			
* _____			
* 01/13/2014 10:56:17 Stacie Doyle (SRF5) Phone 916/778-8453			
PER TIM HUDGINS CHANGED WTC FROM 630 TO 400			
Completed by: (Name and LAN ID):		Date: 11/30/2013	Actual Labor Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY


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Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		COLUSA JCT #1 012/260 REPL POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small>		Order# 31061323 Created Notification # 107505104
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> FOOT ONLY - ACCF <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40873302		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">0.0</div>	
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 11/30/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 11/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/03/2013 13:42:37 Helen Sakai (HXS4) Phone 209/942-1606			
* REPLAE WITH STEEL IF POSSIBLE, POLE IS IN RICE FIELD.			
Completed by: (Name and LAN ID):		Date: 11/30/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY


 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUM-SUMMIT #1 17197A INSTALL NEW ANCHOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 107059748
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Anchor (AG10)	<input checked="" type="checkbox"/> Worn/Aged (CH08)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1440.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40590111		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLN		0.0	
		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 07/31/2015	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)		DATE FOUND (NOTIF DATE): 07/31/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 08/01/2013 14:12:57 Christina Dangerfield (CLD9) Phone 916/386-5422			
* INSTALL NEW ANCOR.			
* -----			
* -----			
* 01/13/2014 10:56:16 Stacie Doyle (SRF5) Phone 916/778-8453			
PER TIM HUDGINS CHANGED WTC FROM 630 TO 400			
Completed by: (Name and LAN ID):	Date: 07/31/2013	Actual Labor-Hours:	
Reviewed by (Name and LAN ID):	Date: / /		

COPY

	CT Notification Notif #: 107207269 WTC: 435 Order #: MAT:		Description OIS/EVENT: 179-SWIT_BROK_REPA - Off Penryn Rd E/o T	
	Reference Info Operating #: 179 PIN #: 122 <input type="checkbox"/> Cable <input type="checkbox"/> Distribution <input checked="" type="checkbox"/> Transmission <input type="checkbox"/> Substation		Malfunction Start: 10/28/2013 Date Reported: 10/28/2013 Plat Map #: Circuit #: 60179 PLACER-DEL M ASSD:	
Location Data Main Work Center: SACTO ECES Sacramento Address: Off Penryn Rd E/o Taylor Rd-Penryn,, Xsts: GPS Lat: 38.843666 GPS Long: 121.167463-		Div: Sacramento MPG: TLP - ET Poles County Code: Placer County Road Map #: Area:		
User Statuses CNCL, ESTR, LEAD, POHW				
Priority F - Low (90-120 Day)		Required End Date: 06/30/2014 ✓		
Facility	Damage	Action	Cause	Components
SWIT Switch	BROK Broken/Damaged	REPA Repair	OTHR Other	ST-C Contacts
SWIT Switch	BROK Broken/Damaged	REPL Replace	OTHR Other	ST-L Load Breaking Device
Elec Crew Size:				
Completed by:		Date: 10/28/2013		Actual Mhrs:
Comments: 10/28/2013 13:38:16 Christopher Hamilton (CMHX) Phone 707/449-6700 <DOTO> This Switch needs attachments! ----- 11/26/2013 10:29:58 Angie Luz (ALCI) Phone 530/906-0293 Changed from: Duedate=02/25/2014, Changed to: Duedate=06/30/2014, Per Eric Barron ok to for date change. 06/30/14. ✓ SUPERINTENDENT 04/01/2014 11:29:53 Angie Luz (ALCI) Phone 530/906-0293 Notification belongs to Substation. Notification needs to be delete flagged. Additional Comments:				


COPY

COMPLETED NO ISSUES

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DRUM SUMMIT #1 NR GRD PATROL		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41929224 Created Notification # 107031440
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Emergency Ground Patrol	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Completed By : (COMP)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> INSPECTION - INSP <input checked="" type="checkbox"/> PG&E AUDIT - PGEA <input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	539
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 07/11/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)			DATE FOUND (NOTIF DATE): 07/11/2013
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/17/2013 16:53:54 Aida Luna (AXRU) Phone 530/896-4277			
* PER BIMSON ON 7/11/2013 NR RTN PATROL TO OK POLES FOR CASIO AUDIT.			
Completed by: (Name and LAN ID):		Date: 07/11/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY


2091

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	PLACER-DEL MAR SWITCHING FOR ETM		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41920893 Created Notification # 107010094
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7800		CREW CLASS: ETLEQP	<u>WORK TYPE CODE:</u>
SAP EQUIPMENT #:		CREW SIZE: 00	924
FUNCTIONAL LOCATION 60179 PLACER-DEL MAR+ (LINE NAME):		<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		<u>ANTICIPATED MATERIAL COSTS:</u>	
EXECUTION			
<u>REQUIRED END DATE:</u> 07/30/2013	<u>MAIN WORK CENTER:</u> SACTO - Sacramento	<u>VOLTAGE:</u> <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 031	
COMPLETION DATES			
<u>REPORTED BY (Name and LAN ID):</u> Richard Bimson (RBB8)		<u>DATE FOUND (NOTIF DATE):</u> 07/01/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/03/2013 07:18:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* SWG FOR EMERGENCY LOAD TRANSFER PER NBS/VACA GCC.			
* _____			
* _____			
* 07/29/2013 11:19:37 Christina Dangerfield (CLD9) Phone 916/386-5422			
* PER RICK BIMSON COMPLETED 6/30/13.			
* _____			
Completed by: Richard Bimson (RBB8) (Name and LAN ID):	<u>Date:</u> 06/30/2013	<u>Actual Labor-Hours:</u>	
Reviewed by (Name and LAN ID):	<u>Date:</u> / /		

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Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		BRIGHTON-GRAND ISLAND #1 NR GRND PATROL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41875893 Created Notification # 106855632
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Patrolled Ground (PATG) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1150		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	539
FUNCTIONAL LOCATION 10022 BRIGHTON-GRAND ISLAND #1+ (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 04/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 007	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 03/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/02/2013 09:41:12 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NON ROUTINE GRD PATROL FOR MOMENTARY ON 3/30/13.			
<div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); display: inline-block;">COPY</div>			
* PER BILL BEARD, PATROLED 4/34 THRU 6/50 AND 20/155 THRU 21/166 WITH NO			
* PROBLEM FOUND @ EITHER LOCATIONS. COMPLETED 4/1/13.			
* _____			
Completed by: William Beard (WXB7) (Name and LAN ID):		Date: 04/01/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

30 PM

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUM-RIO OSO #1 NR AIR PATROL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 41950147 Created Notification # 107114878
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Patrolled Air (PATA) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1420		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	538
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 09/30/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): David Wiley (DAWN)		DATE FOUND (NOTIF DATE): 09/03/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 09/03/2013 13:54:35 Christina Dangerfield (CLD9) Phone 916/386-5422			
* NON-ROUTINE PATROL FOR SUSTAINED OUTAGE.			
* _____			
* _____			
* _____			
* 09/05/2013 12:24:37 Christina Dangerfield (CLD9) Phone 916/386-5422			
* PER DAVID WILEY DAWN, COMPLETED 9/4/13			
* _____			
Completed by: David Wiley (DAWN) (Name and LAN ID):		Date: 09/04/2013	Actual Labor-Hours:

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DRUM-RIO OSO #1 NR AIR PATROL

Reviewed by
(Name and LAN ID):

Date: / /



Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2.	
		RIO OSO-WOODLAND #1 NR GROUND PATROL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41893841 Created Notification # 106919462
	COMPONENT TYPE	DAMAGE CODE	CAUSE CODE
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Patrolled Ground (PATG) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3460		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	539
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND #1+ (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 051	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 04/30/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/07/2013 10:50:07 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NON-ROUTINE GRND PATROL DUE TO MOMENTARY ON 4/30/13 @ 10:08 & 20:46 HRS.			
* FAULT LOCATION GIVEN AS .5MI TO 3MI FROM SW 137 MADISON SUB TWDS RIO OSO			
* SUB. "B" PHASE TO GRND.			
* _____			
* PER STEVE COOPER SXC9, PATROLLED FROM MADISON SUB POLE 34/235 TO 32/207,			
* 2X'S NO CAUSE FOUND, COMPLETED 5/1/13.			
* _____			
Completed by: Steve Cooper (SXC9) (Name and LAN ID):		Date: 05/01/2013	Actual Labor-Hours:

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Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text –40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-WOODLAND #1 NR GROUND PATROL

Reviewed by

(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 REAS- RIO OSO-WOODLAND #1 16/98 RPL DAMB	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 41876092 Created Notification # 106856203	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Damper (CF07)	<input checked="" type="checkbox"/> Loose (MC08)		
USER STATUSES			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3460.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40865481		CREW SIZE: 00	599
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND #1+-TOWER (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/31/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 05/17/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/02/2013 14:29:32 Stacie R. Doyle (SRF5) Phone 916/772-7044			
* Reassessment of Notification: 000106072292			
* 06/05/2012 06:52:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* DAMPERS LOOSE, REPLACE TOP & BOTTOM.			
* _____			
* 05/23/2013 14:17:26 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6, 5/22/13 AND POSTPONE THE			
REQUIRED END DATE UNTIL NEXT PATROL 5/31/14. NO SAFETY OR RELIABILITY			
ISSUE AT THIS TIME.			
* _____			

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text —40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- RIO OSO-WOODLAND #1 16/98 RPL DAMB

Completed by:
(Name and LAN ID):

Date: 05/22/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 REAS- WOODLAND-DAVIS 6/117 RPL INSULATOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 41836321 Created Notification # 106590071	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> NCI - Post (IH06)	<input checked="" type="checkbox"/> Flashed (EL05)		
USER STATUSES			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLQ	WORK TYPE CODE:
SAP EQUIPMENT #: 40813153		CREW SIZE: 00	599
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 02/28/2013 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 01/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).			
* 12/20/2012 09:07:27 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassessment of Notification: 000105940587			
* 02/23/2012 11:01:17 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* WEST PHASE NON-CERAMIC INSULATOR IS FLASHED.			
* _____			
* 02/27/2013 13:15:28 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6 2/27/13 AND POSTPONE THE			
REQUIRED END DATE UNTIL NEXT PATROL 2/27/14. NO CHANGE, MINOR DAMAGE, NO			
SAFETY OR RELIABILITY ISSUE AT THIS TIME.			
* _____			

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/117 RPL INSULATOR

Completed by:
(Name and LAN ID):


Date: 02/27/2013/ **Actual Labor-Hours:**

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DRUMM-SUMMIT #2 13/152 RPL POLE LEFT/NER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30884638 Created Notification # 106059204	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Encroachment (EL14)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450.POLE.WDPS		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40602616		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2-WOOD POLE STR (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2013 ✓		MAIN WORK CENTER: SACTO - Sacramento	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): KYLE BROSS			DATE FOUND (NOTIF DATE): 05/22/2012 ✓
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 05/22/2012 09:20:25 Aida Luna (AXRU) Phone 530/896-4277 * PER KYLE BROSS POLE WILL BE REPLACE DUE TO A FERC/NERC PROJECT * 11/18/2013 15:38:02 Charlene McLeod (CMMD) Phone 209/942-1669 * ILB REPLACED POLE ON 11/6/2013 PER INSPTECTOR JOHN LOPES			
Completed by: ILB (Name and LAN ID):		Date: 11/06/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DRUMM-SUMMIT #2 13/152 RPL POLE RIGH/NER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 30884638 Created Notification # 106059293
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Encroachment (EL14)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450.POLE.WDPS		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40602616		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2-WOOD POLE STR (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2013 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): KYLE BROSS		DATE FOUND (NOTIF DATE): 05/22/2012 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/22/2012 09:53:01 Aida Luna (AXRU) Phone 530/896-4277			
* PER KYLE BROSS POLE WILL BE REPLACE DUE TO A FERC/NERC PROJECT			
* 11/19/2013 08:09:01 Charlene McLeod (CMMD) Phone 209/942-1669			
* ILB REPLACED POLE ON 11/06/2013 PER INSPECTOR JOHN LOPES			
Completed by: ILB (Name and LAN ID):		Date: 11/06/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

COPY

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2				
		DIXON-VACA #2 015/322 REPL POLE				
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS		INFORMATION BY QCR UPON		
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0			Order# 30885057 Created Notification # 105191028	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE		ACTION		
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)			<input checked="" type="checkbox"/> Assessed (ASSS) <input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL)		
USER STATUSES						
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REFERENCE INFO						
ETL#: ETL.6740.POLE.WOOD			CREW CLASS: ETLQEP		WORK TYPE CODE: 372	
SAP EQUIPMENT #: 40759665			CREW SIZE: 03			
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):			ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 2.0 ANTICIPATED MATERIAL COSTS:			
PLANNER GROUP: TLX						
EXECUTION						
REQUIRED END DATE: 03/30/2014 ✓		MAIN WORK CENTER: SACTO - Sacramento		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV		
LOCATION DATA (OPTIONAL INFORMATION)						
STREET ADDRESS: Dixon-Vaca #2			CITY: Davis		ZIP (if known):	
DIVISION CODE (LOCATION): SA			COUNTY CODE (PLANT SECTION) 048			
COMPLETION DATES						
REPORTED BY (Name and LAN ID): OSMOSE				DATE FOUND (NOTIF DATE): 11/13/2010 ✓		
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).						
* 01/27/2011 09:44:53 Helen Sakai (HXS4) Phone 209/942-1669						
* PER OSMOSE REPORT, REPLACE POLE.						
C -----						
* 01/11/2012 13:14:43 Donna K. Thorne (DKT1) Phone 831/633-6935 Data						
Cleansing: Move Req End Date to 11/30/2015.						
C -----						
* 02/22/2012 14:33:52 Katie E. Martin (KEO9) Phone 916/408-3292 After						
further review of pole process, the superintendents have decided to move						
#pole# (TLX/372/400) notifications back to original date to allow the						
contract group to manage.						
C -----						

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Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 015/322 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/18/2012 14:19:51 Chris Giranis (CXG3) Phone 916/760-1940

* Added LC #106015866 per CMMD

C _____

* 06/04/2012 07:39:30 Naomi A. Tamayo (NAV3) Phone 916/760-1959

* 30885057E SAC RMC DMD RECEIVED THE DM1, REQUEST FOR ENVIRO REVIEW. DMD

* FOLLOW UP CREATED.

C _____

* 06/14/2012 16:19:07 John B. Barton (JBBA) Phone 916/760-5375

* ADE REVIEW COMPLETE. JOB TO CXG3 FOR SUPERVISOR APPR.

* ####

C _____

* 06/19/2012 07:34:28 Chris Giranis (CXG3) Phone 916/760-1940

* 30885057E Estimate approved, changed status to PEND, forward to Laurie

* Sholler.

C _____

* 06/20/2012 07:46:04 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30885057E SAC RMC DMD TASK REVIEW, ENVIRO REVIEW IS OUTSTANDING.

*

C _____

* 06/23/2012 14:39:53 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30885057 - copies ready for distribution pending release from SAC RMC

* DMD

* _____

* 10/10/2012 10:52:00 Angie L. Luz (ALCI) Phone 530/906-0293

* Reassess notification no -000106240213

* 11/14/2012 13:06:09 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESSED THIS NOTIFICATION

11/14/12 AND POSTPONE THE REQUIRED END DATE UNTIL NEX PATROL 3/30/13. NO

SAFETY OR RELIABILITY ISSUE AT THIS TIME.

* _____

* 11/14/2012 13:07:38 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* CORRECTION END DATE 3/30/14.

* _____

* _____

* 03/04/2013 12:55:39 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30885057E SAC RMC DMD WAS CC'D ON DM3 BY ROBYN SALVADORI, JOB RELEASABLE

* P/TASK SCREEN; SENT LFP1 DM8 TO RELEASE TO CONSTRUCTION.

*

* _____

* 03/16/2013 09:18:49 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30885057 - rec'd DM8, copies to Charlene McLeod

* _____

* 03/22/2013 13:26:38 Lori G. Moran (LXMP) Phone 916/386-5079

* 30885057E Mapping Received As-Built package

* _____

* 03/22/2013 16:30:06 Charlene M. McLeod (CMMD) Phone 209/942-1669

* RECEIVED COPIES IN VICTOR. UNABLE TO ORDER POLES AT THIS TIME. FILED JOB



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 015/322 REPL POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).

* IN UA.

*
* 10/09/2013 08:04:33 Charlene McLeod (CMMD) Phone 209/942-1669
* JOB REDLINED PER KIICHI MATSUNO FROM A 55/H1 WOOD TO A 55/C1 WOOD. ADDED
* TO SAP.
* EMAILED MATERIALS TO RELEASE 2 55/C1 WOOD POLES AND 1 55/C1 STEEL POLE
* AND SEND TO SHIFFLETS.
* **JOB HAS BEEN ASSIGNED TO ILB TO COMPLETE IN 2013**

*
* 10/10/2013 15:57:20 Charlene McLeod (CMMD) Phone 209/942-1669
* JOB PACKETS GIVEN TO MIKE WITH ILB TO GIVE TO BRAD GRAY
* 11/22/2013 13:33:07 Charlene McLeod (CMMD) Phone 209/942-1669
* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPES

*
* 01/07/2014 15:17:44 Helen Sakai (HXS4) Phone 209/942-1606
* ORIGINAL CLOSED JOB PACKAGE SENT TO L. SHOLLER FOR MAPPING & CLOSING.

*
* 02/03/2014 12:32:55 Laurie Sholler (LFP1) Phone 559/263-5041
* 30885057 - to mapping - Greg Hernandez

*
* 02/10/2014 07:32:01 Lori Moran (LXMP) Phone 916/386-5079
* 30885057E Mapping Received As-Built package

*
* 02/13/2014 15:14:17 Lori Moran (LXMP) Phone 916/386-5079
* 30885057E Mapping Completed map & record posting, pending lead review

Completed by: ILB
(Name and LAN ID):

Date: 11/21/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DIXON-VACA #2 15/334 REPLACE POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 30885057 Created Notification # 106015866
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40874413		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">0.0</div>	
PLANNER GROUP: TLX		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: OLD DAVIS ROAD - UC WASTEWATER		CITY: DAVIS	ZIP (if known): 95616
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 03/08/2012
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/16/2012 12:26:19 Charlene M. McLeod (CMMD) Phone 209/942-1669			
* POLE SURROUNDED BY ELDERBERRY-NO ACCESS TO POLE DUE TO ELDERBERRY SHRUB			
* -RELOCATE & REPLACE POLE OUT OF HABITAT ON UC DAVIS WASTEWATER TREATMENT			
* PLANT PROPERTY-CAN'T INSPECT POLE DUE TO ACCESS.			
* REPLACE POLE-FOUND TO BE N/G-NOT SUITABLE TO STUB. DELETE FLAGGED EL			
* 104791186 TO RELOCATE DUE TO CREATION OF REPLACE POLE LC.			
* -REPLACE AND RELOCATE POLE AT SAME TIME			
*			
* 11/22/2013 13:35:37 Charlene McLeod (CMMD) Phone 209/942-1669			
* ILB REPLACED POLE ON 11/21/2013 PER INSPECTOR JOHN LOPES			

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**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 15/334 REPLACE POLE

Completed by: ILB
(Name and LAN ID):

Date: 11/22/2013

Actual Labor-Hours:


Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DIXON-VACA #2 A6/126 ADJUST LEANING POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41514805 Created Notification # 106121900
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE: 630
SAP EQUIPMENT #: 40601265		CREW SIZE: 00	
FUNCTIONAL LOCATION (LINE NAME): 60067 DIXON-VACA #2+-WOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)		DATE FOUND (NOTIF DATE): 07/10/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/11/2012 09:53:33 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* STRAIGHTEN LEANING POLE.			
* _____			
* _____			
* 06/24/2013 14:04:28 Stacie R. Doyle (SRF5) Phone 916/778-8453			
* Reassess notification no -000106994015			
* 07/18/2013 09:50:58 Aida Luna (AXRU) Phone 530/896-4277			
* per john handy on 7/15/2013, reassessed, no safety or reliability issue at this time postpone until next patrol (3/2014)			
* _____			
* 12/12/2013 13:34:32 Christina Dangerfield (CLD9) Phone 916/386-5422			

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 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DIXON-VACA #2 A6/126 ADJUST LEANING POLE	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required).		
* PER RAMON MALDONADO, ROM4, COMPLETED 12/11/13. * _____		
Completed by: Ramon Maldonado (ROM4) (Name and LAN ID):	Date: 12/11/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

2-22

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DIXON-VACA #2 17/357 ADJUST LEANING POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# 41514805 Created Notification # 106121901	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40695501		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60067 DIXON-VACA #2+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)			DATE FOUND (NOTIF DATE): 07/10/2012
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/11/2012 09:54:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* STRAIGHTEN LEANING POLE.			
* _____			
* _____			
* 06/24/2013 14:04:29 Stacie R. Doyle (SRF5) Phone 916/778-8453			
* Reassess notification no -000106994016			
* 07/18/2013 09:50:26 Aida Luna (AXRU) Phone 530/896-4277			
* per john handy on 7/15/2013, reassessed, no safety or reliability issue			
at this time postpone until next patrol (3/2014)			
* _____			
* 12/16/2013 10:07:13 Christina Dangerfield (CLD9) Phone 916/386-5422			

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 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DIXON-VACA #2 17/357 ADJUST LEANING POLE	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
* PER JAMES HOWARD, JOHF, COMPLETED 12/12/13, 6HRS.		
* _____		
Completed by: JOHF (Name and LAN ID):	Date: 12/12/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DIXON-VACA #2 17/358 ADJUST LEANING POLE		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41514805 Created Notification # 106121902
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Out of plumb (MC18)		<input checked="" type="checkbox"/> Adjusted (ADJU) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6740.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE: 630
SAP EQUIPMENT #: 40657505		CREW SIZE: 00	
FUNCTIONAL LOCATION (LINE NAME): 60067 DIXON-VACA #2+-WOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: center;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 048	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Richard Bimson (RBB8)		DATE FOUND (NOTIF DATE): 07/10/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 07/11/2012 09:56:22 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* STRAIGHTEN LEANING POLE.			
* _____			
* _____			
* 06/24/2013 14:04:30 Stacie R. Doyle (SRF5) Phone 916/778-8453			
* Reassess notification no -000106994017			
* 07/18/2013 09:49:52 Aida Luna (AXRU) Phone 530/896-4277			
* per john handy on 7/15/2013, reassessed, no safety or reliability issue			
at this time postpone until next patrol (3/2014)			
* _____			
* 12/16/2013 10:06:24 Christina Dangerfield (CLD9) Phone 916/386-5422			

COPY

COPIES



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 17/358 ADJUST LEANING POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* PER JAMES HOWARD, JOHF, COMPLETED 12/12/13, 6HRS.

* _____

Completed by: JOHF
(Name and LAN ID):

Date: 12/12/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		COLUSA JCT #1 1/38 BURNT POLE REPLACE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LR Notification		PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R E = System Integrity O = Reliability/Capacity G = Planned Int Work R = Systemic Problem L = Operation Compliance	
		Order# 80043099 Created Notification # 102642944	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Burnt (EL09)	<input checked="" type="checkbox"/> Fire (FIRE)	<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40766034		CREW SIZE: 04	372
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLX		36.0	
EXECUTION			
REQUIRED END DATE: 11/30/2013 ✓		MAIN WORK CENTER: SACTO - Sacramento	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Andres Garcia (AXGQ)		DATE FOUND (NOTIF DATE): 10/03/2007 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/03/2007 09:54:03 Desiree E. Pernice (D1PW) Phone 916/760-5389			
* LOCATION-COLUSA COUNTY			
* REPLACE BURNT POLE, DRY WEATHER ONLY 12 KV UNDERBUILD 3 PHASE			
* _____			
* 03/13/2008 15:54:31 Kathleen E. Martin (KEO9) Phone 916/408-3292			
* INCORRECTLY LABELED VICTOR, SHOULD BE SACTO			
* 04/02/2008 15:22:49 Brad S. Anderson (BSA3) Phone 916/760-1944			
* job assigned to J5BF on 4/2/08			
* 04/02/2008 15:26:56 Brad S. Anderson (BSA3) Phone 916/760-1944			
* request to convert on 4/2/08,.			
* 04/22/2008 12:42:12 Karen M. Downey (KMD9) Phone 530/621-7277			

COPY



Corrective Work Form
Electric Transmission
Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 30621928E SAC RMC DMD RECEIVED A DM-1 FROM JASON BURKE I PRINTED AND

* FILED IN THE DMD FILE. OTHER OUTSTANDING DEPENDENCIES ARE: LAND AND VEG

*

*

* 04/24/2008 12:39:01 Jason M. Burke (J5BF) Phone 916/760-1947

* THERE ARE NO LAND OR VEG ISSUES AND BOTH DEPENDENCIES HAVE BEEN CLEARED.

* PRELIM ESTIMATE HAS BEEN TURNED INTO ADE FOR REVIEW

* 05/09/2008 17:38:45 Birdie Lyons (BXL7) Phone 925/270-2707

* NEW SUB ORDER CREATED.

* 05/27/2008 15:23:04 Toni L. Boyd (TLB6) Phone 916/760-5373

* 30621928E SAC RMC DMD SENT EMAIL TO CHRIS ELLIS TO GET AN UPDATE ON THE

* ENVIRONMENTAL STATUS.

*

* 05/28/2008 14:31:18 Toni L. Boyd (TLB6) Phone 916/760-5373

* 30621928E SAC RMC DMD RCVD EMAIL FROM JASON BURKE STATING ENV. WAS

* REQUESTED ON 4/24/08 PER SPREADSHEET. PUSHED TASK OUT 2 MOS.

*

* 08/08/2008 13:25:31 Jason M. Burke (J5BF) Phone 916/760-1947

* SAP FINAL SENT TO ADE. MONEY PUT INTO JOB FOR ENVIRO REVIEW

* 08/08/2008 15:14:28 Brad S. Anderson (BSA3) Phone 916/760-1944

* recommend by BSA3 to AXH6 for approval

* 08/11/2008 13:29:38 Aram Hadjian (AXH6) Phone 916/760-1995

*

* Job authorized by AXH6 and released to OMD.

* 08/11/2008 13:42:32 Aram Hadjian (AXH6) Phone 916/760-1995

* Job authorized by John Parks and released to OMD by AXH6

* 08/12/2008 14:01:14 Kim E. Estlin (KEE3) Phone 916/760-5331

* PM30621928E Sacramento RMC-OMD Authorized Estimate Package received.

*

*

* 08/12/2008 14:53:53 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E SAC RMC DMD REVIEWED AUTHORIZED ESTIMATE PACKAGE; ENVIRO

* REVIEW IS THE OUTSTANDING DEPENDENCY.

*

* 08/12/2008 15:00:48 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E CONT FROM ABOVE, FORWARDED JOB PACKAGE TO SAC RMC OMD FOR

* REPRODUCTION.

*

* 08/13/2008 13:12:46 Susan L. Garner (SLGL)

* 30621928E „Pulled copied job from OMD Reproduction Desk. Advance job

* copies sent to job owner (Veronica Conerly-Scott), Sacramento LH ma

* pping, Ron Kelly, Dan Hale, Brian Sebastian, ECCO-Sierra/Sac-Auburn. Job

* completion.

*

* 10/31/2008 15:01:16 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SAC T-LINE DDGD MOVED OUT REQUIRED END DATE 6 MONTHS TO 4/30/09; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/30/2009 16:46:23 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* AS OF 4/30/09, SACRAMENTO T-LINE DDCD HAS REASSESSED THIS TAG 6 MONTHS

* TO 10/30/09; NO SAFETY HAZARDS OR RELIABILITY ISSUES AT THIS TIME.

* 11/03/2009 07:11:51 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SAC T-LINE BPJ2 MOVED OUT REQUIRED END DATE 1 YEAR TO 11/30/10; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME

* 01/05/2010 09:20:28 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E SAC RMC DMD DEPENDENCY REVIEW, P/ALLISON NELSON, ALL

TRANSMISSION JOBS WILL BE SENT TO LAURIE SHOLLER, NO NEED FOR SAC RMC TO
FOLLOW UP ON ENVIRO TASK.

*

C _____

* 01/05/2010 11:35:07 Kelly R. Caldwell (KXCG) Phone 916/760-1974

* 30621928E TRANSMISSION JOB. SAC RMC OMD pulled original job file

* (including DMD folder w/DM1) to forward to LFP1, Fresno. Environmental

* is the outstanding dependency # to be followed up by LFP1.

*

C _____

* 02/06/2010 10:14:49 Laurie A. Sholler (LFP1) Phone 559/263-5041

* rec'd/logged in Fresno

*

* 11/20/2010 06:56:50 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SACRAMENTO T-LINE DDCD REASSESSED THIS TAG ON 11/3/10 AND MOVED THE
REQUIRED END DATE OUT TO 11/30/11; NO SAFETY OR RELIABILITY ISSUES AT
THIS TIME

*

* 11/15/2011 13:09:11 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6, REASSESSED THIS NOTIFICATION 11/7/11
AND POSTPONE THE REQUIRED END DATE UNTIL NEXT DETAIL PATROL 11/30/13.

CONFIRMED WITH BILL BEARD, NOV PATROL, NO SAFETY OR ELIABILITY ISSUE AT
THIS TIME. _____

C _____

* 11/29/2011 15:42:38 Robyn M. Salvadori (R8SN) Phone 415/973-5698

* Pole 7/156 requires ACE 404, RWQCB 401 and USFWS BO Permits.

* Applications submitted 4/22/11. Awaiting 404 Permit.

C _____

* 01/11/2012 12:52:38 Donna K. Thorne (DKT1) Phone 831/633-6935 Data

Cleansing: Move Req End Date to 11/30/2015.

C _____

* 02/23/2012 08:42:56 Katie E. Martin (KEO9) Phone 916/408-3292

* After further review of pole process, the superintendents have decided
to move #pole# (TLX/372/400) notifications back to original

* date to allow the contract group to manage.

*



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

*

C _____

* 03/06/2012 08:09:34 Ana K. Bellestri (AKL8) Phone 916/760-1919 XXXX

* 30621928E SAC RMC DMD RCVD ANOTHER COPY OF DM1; EMAILED ED TRANSMISSION

* MAILBOX FOR STATUS, DM1 IS FROM 2008.

*

* _____

* 12/19/2012 08:38:38 Robyn M. Salvadori (R8SN) Phone 415/973-5698

* Environmental Permits obtained. DM Form to be issued 1/2013.

* Construction restricted May-October.

*

* _____

* 01/18/2013 13:06:18 Naomi A. Tamayo (NAV3) Phone 916/760-1959

* 30621928E SAC RMC DMD RECEIVED THE DM1, ENVIRO ISSUES RESOLVED. PER THE

* TASK SCREEN THE JOB PACKAGE IS READY TO BE RELEASED. SENT DM8 TO LFP1.

*

* _____

* 01/25/2013 16:08:01 Laurie A. Sholler (LFP1) Phone 559/263-5041

* 30621928 - rec'd DM8, copies to Charlene McLeod

*

* _____

* 02/01/2013 14:10:06 Charlene M. McLeod (CMMD) Phone 209/942-1669

* RECEIVED JOB IN VICTOR. EMAILED MATERIALS TO RELEASE POLES IN SAP SO I

* COULD ORDER THEM

*

* _____

* 02/07/2013 08:57:47 Charlene M. McLeod (CMMD) Phone 209/942-1669

* EMAILED MATERIALS TO RELEASE THE (2) 55/C2 WOOD POLES AND SEND THEM TO

* SHIFFLETS. FILED IN UA

*

* _____

* 02/28/2013 14:34:11 Charlene M. McLeod (CMMD) Phone 209/942-1669

* JOB HAS BEEN ASSIGNED TO GC. JOB COPIES SENT TO JESSE O'ROURKE

* 08/08/2013 13:16:16 Charlene McLeod (CMMD) Phone 209/942-1669

* GC TLINE REPLACED POLE ON 08/07/2013 PER JESSE JOYNER FOR ISAAC LAWRENCE

*

* _____

* 12/10/2013 13:27:03 Helen Sakai (HXS4) Phone 209/942-1606

* JOB CLOSED AND ORIG JOB PACKAGE SENT TO L. SHOLLER FOR MAPPING & CLOSING

*

* _____

* 12/19/2013 14:27:11 Laurie Sholler (LFP1) Phone 559/263-5041

* 30621928 - to mapping - Jim Morris

*

* _____

* 01/08/2014 13:32:38 Jeffrey Morton (JJMH) Phone 530/889-3170

* 30621928E Mapping Received As-Built package

*

* _____

* 01/29/2014 08:21:46 Cory Johnson (CLS9) Phone 530/889-3212

* 30621928E Mapping Completed map & record posting, pending lead review

*

* _____

* 02/05/2014 14:22:22 Jeffrey Morton (JJMH) Phone 530/889-3170

* 30621928E Mapping Completed, job filed

*

* _____

* 02/20/2014 14:34:43 Laurie Sholler (LFP1) Phone 559/263-5041



Corrective Work Form Electric Transmission Line

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 1/38 BURNT POLE REPLACE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 30621928 - zkd clear

Completed by: GC TLINE
(Name and LAN ID):

Date: 08/07/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 <div style="border: 1px solid black; padding: 2px; text-align: center;"> COLUSA JCT #1 7/156 REPL POLE WORN AGED </div>	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LR Notification	PRIORITY CHOICES: <input type="checkbox"/> E <input checked="" type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R E = System Integrity O = Reliability/Capacity G = Planned Int Work R = Systemic Problem L = Operation Compliance		Order# 30621928 Created Notification # 102643009
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Worn/Aged (CH08)		<input checked="" type="checkbox"/> Completed By : (COMP) <input checked="" type="checkbox"/> Estimated Hours (ESTH) <input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.8390.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40596343		CREW SIZE: 04	372
FUNCTIONAL LOCATION 60241 COLUSA JCT #1+-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">36.0</div>	
PLANNER GROUP: TLX			
EXECUTION			
REQUIRED END DATE: 10/31/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 006	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Andres Garcia (AXGQ)		DATE FOUND (NOTIF DATE): 10/10/2007	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/03/2007 10:44:53 Desiree E. Pernice (D1PW) Phone 916/760-5389			
* 7/156 REPLACE POLE WORN AGED			
* LOCATION-COLUSA COUNTY			
* REPLACE OLD WORN AGED POLE ABOVE GROUND WITH A LOT OF SHELL ROT,			
* INACCESSIBLE IN CREEK, UNDERBUILD			
* _____			
* 03/13/2008 15:54:35 Kathleen E. Martin (KEO9) Phone 916/408-3292			
* INCORRECTLY LABELED VICTOR, SHOULD BE SACTO			
* 10/31/2008 14:58:07 Patrick W. Coughlin (PWC1) Phone 916/386-5422			
* SAC T-LINE DDGD MOVED OUT REQUIRED END DATE 6 MONTHS TO 4/30/09; NO			
* SAFETY OR RELIABILITY ISSUES AT THIS TIME			

COPY

W/BE/CC



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

COLUSA JCT #1 7/156 REPL POLE WORN AGED

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 04/29/2009 09:41:31 Patrick W. Coughlin (PWC1) Phone 916/386-5422

* SACRAMENTO T-LINE D1BS REASSESSED TAG ON 4/24/09 1 YEAR TO 4/30/10; NO

* SAFETY OR RELIABILITY ISSUES AT THIS TIME

* 05/03/2010 11:23:59 Patrick W. Coughlin (PWC1) Phone 916/386-5422

*

* SACRAMENTO T-LINE BPJ2 HAS REASSESSED THIS TAG ON 4/30/10 AND MOVED THE

REQUIRED END OUT TO 11/30/2011; NO SAFETY HAZARDS OR RELIABILITY ISSUES

AT THIS TIME.

*

* 11/29/2011 17:42:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE JOHN HANDY, JEH6 REASSESSED THIS NOTIFICATION 11/20/11

AND POSTPONED THE REQUIRED END DATE UNTIL NEXT PATROL 11/30/12.

CONFIRMED WITH BILL BEARD, NOV PATROL, NO SAFETY OR RELIABILITY ISSUE AT

THIS TIME.

*

C -----

* 01/11/2012 12:52:40 Donna K. Thorne (DKT1) Phone 831/633-6935 Data

Cleansing: Move Req End Date to 11/30/2015.

C -----

* 02/22/2012 14:36:06 Katie E. Martin (KEO9) Phone 916/408-3292

* After further review of pole process, the superintendents have decided

to move #pole# (TLX/372/400) notifications back to original

* date to allow the contract group to manage.

* 11/05/2012 07:50:06 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* SACRAMENTO T-LINE DAN CHIPCHASE DDCD, REASSESSED THIS NOTIFICATION

10/30/12 AND POSTPONE THE REQUIRED END DATE UNTIL 10/31/13. NO SAFETY OR

RELIABILITY ISSUE AT THIS TIME.

*

* 08/06/2013 15:54:05 Charlene McLeod (CMMD) Phone 209/942-1669

* POLE WAS REPLACED BY GC TLINE PER JESSE JOYNER FOR ISAAC LAWRENCE

Completed by: GC TLINE

(Name and LAN ID):

Date: 08/06/2013

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum) Line Name, Structure #, Work Description. For Repair Report see page 2	
		WOODLAND-DAVIS 1/29 RPL INSULATOR	
NOTIFICATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30964126 Created Notification # 105940585	
COMPONENT TYPE		DAMAGE CODE	
<input checked="" type="checkbox"/> Insul. - Post (IH03)		<input checked="" type="checkbox"/> Flashed (EL05)	
CAUSE CODE		ACTION	
		<input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM		<input type="checkbox"/>	
<input checked="" type="checkbox"/> COMPLETED - COMP		<input type="checkbox"/>	
<input checked="" type="checkbox"/> RELEASE WORK - RELW		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
REFERENCE INFO			
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLEQP	
SAP EQUIPMENT #: 40865631		WORK TYPE CODE: 508	
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014		MAIN WORK CENTER: SACTO - Sacramento	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: Woodland-Davis		CITY:	
DIVISION CODE (LOCATION): SA		ZIP (if known): 00000	
		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 01/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/23/2012 10:58:53 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* CERAMIC POST INSULATOR FLASHED, REFRAME T-1 W/ NON CERAMIC INSUL'S.			
* _____			
* _____			
* 12/20/2012 09:07:27 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassess notification no -000106590070			
* 02/26/2013 12:52:49 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PER JOHN HANDY, NOTIFICATION REASSESSED BY STEVE COOPER ON ROUTINE			
PATROL 2/20/13 AND POSTPONE THE REQUIRED END DATE UNTIL NEXT PATROL,			
3/31/14. NO SAFETY OR RELIABILITY ISSUE AT THIS TIME.			
* _____			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WOODLAND-DAVIS 1/29 RPL INSULATOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

*

* 06/17/2013 11:38:18 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* PRE RAMON MALDONADO, ROM4, COMPLETED 6/14/13.

*

Completed by: Ramon Maldonado (ROM4)
(Name and LAN ID):

Date: 06/14/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Line Name: WOODLAND-DAVIS	Contractor: Osmose Utilities Services, Inc.	Reference #: 518RM50H	County: YOLO
Line Code: 10359	Week Ending: 12/11/2010	Crew ID: 518RM	State: CA
Voltage: 115	Date: 12/09/2010	Foreman: REY MARTINEZ	Contract #:
Headquarters: SACRAMENTO	Job Number: 1003826	Supervisor: AUDYCKI,JOHN A	

Pole ID	MFR	YEAR	LENGTH/CLASS	SPECIES/TREAT	CRIG	HRG	INSP TYPE	CUY	WF Pints	BAND	VELB
001/023	MKB	1964	60/1	DF/P	52	50.91	TD	.	1.5	.	.
X: -121.745162, Y: 38.680873											

Cust Pole Num: 001/023
 SAP: T40700606
 12inBGL 0 ATGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0

Strength Remaining: 94%

REMARKS AND NOTES

3/4 Excavate. Fire Damage. Mechanical Damage-Trimmed. Location: Above Groundline. Depth: 2.0in. Width: 5.5in. Height: 18.0in. Orientation: LOL. Shell Rot. Depth: 0.16in. < 50 FT FROM CURB. Previous Cycle Info: Full Excavate, Internal Treatment, WoodFume. Year Last Inspected: 1999. Last Inspected By: OSM. Transmission Pole. Framing Type: T-1 (115 KV). Struct Type: SWP. Reported Item: Pole - Risers. Reported Item: Joint Use - PGE Underbuild. Note: EXPO IS FD/3/4 DIG;RISER.

WOODLAND

1-5

PIONEER RD X TIDE CT


Inspection Type

External Treat w/ Decay (TD)1

Follow-up on shell thickness

0	0	15	0	0
0	0	15	0	0

LOCATE

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO-BRIGHTON 7/47 CLEAN UP INSULATOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
COMPONENT TYPE		DAMAGE CODE	
<input checked="" type="checkbox"/> Insul. - Bell (IH05)		<input checked="" type="checkbox"/> Other (CH10)	
ORDER# 41891568 Created Notification # 105994840		CAUSE CODE	
ACTION		<input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02)	
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input type="checkbox"/> <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
REFERENCE INFO			
ETL#: ETL.5600.TOWR		CREW CLASS: ETLEQP	
SAP EQUIPMENT #: 40804964		WORK TYPE CODE: 628	
FUNCTIONAL LOCATION (LINE NAME): 20132 RIO OSO-BRIGHTON+-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/30/2013 ✓		MAIN WORK CENTER: SACTO - Sacramento	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	
DIVISION CODE (LOCATION): SA		ZIP (if known): 00000	
COMPLETION DATES		COUNTY CODE (PLANT SECTION) 031	
REPORTED BY (Name and LAN ID): William Beard (WXB7)		DATE FOUND (NOTIF DATE): 03/22/2012 ✓	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/02/2012 10:25:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PICK UP 3 STRINGS OF INSU., IN TWR PRINT.			
* _____			
* _____			
* 01/24/2013 12:19:05 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassess notification no -000106656024			
* 02/27/2013 14:24:29 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NOTIFICATION REASSESSED BY JOHN HANDY 2/20/13, NO ACCESS DUE TO CROP,			
F/U IN APRIL OR MAY FOR ACCESS. CALL GARY DAVIS 916-715-7973, 3035 S.			
BREWER RD. N/HOWSLEY RD OFF HWY 99.			
* _____			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO-BRIGHTON 7/47 CLEAN UP INSULATOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 04/02/2013 14:29:24 Stacie R. Doyle (SRF5) Phone 916/772-7044

* Reassess notification no -000106856193

* _____

* 05/13/2013 09:56:50 Christina L. Dangerfield (CLD9) Phone 916/386-5422

* PER JOHN HANDY COMPLETED 5/1/13, INSULATORS PICKED UP AND HAULED AWAY.

* _____

Completed by: JOHN HANDY
(Name and LAN ID):

Date: 05/01/2013

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO WDLND #1 ;10/72A RPR GUY F	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41933523 Created Notification # 107049578
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Guy (AG06)	<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Completed By : (COMP)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3460.POLE.NWOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 41184121		CREW SIZE: 00	630
FUNCTIONAL LOCATION 10280 RIO OSO-WOODLAND (LINE NAME): #1+-NONWOOD POLE		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 07/22/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 07/22/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map; X St;GPS Coord; more detailed description of work required).			
* 07/26/2013 12:46:02 Aida Luna (AXRU) Phone 530/896-4277			
* PER COOPER ON 7/22/2013 3/8 ANGLE D GUY BROKEN AT PRE-FORM. DUG OUT			
* BURIED ANCHOR ROD, REPULLED DOWN GUY, INSTALLED SHUNT ACCROSS AUTO			
* SPLICE, INSTALLED GUY MARKER.			
Completed by: (Name and LAN ID):		Date: 07/22/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 RIO OSO WOODLAND #2 32/195 RPL CONDUCTO F	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	Order# 30997603 Created Notification # 106945224	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Conductor (CF03)	<input checked="" type="checkbox"/> Broken (MC02)		<input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.3470.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40796092		CREW SIZE: 00	527
FUNCTIONAL LOCATION 10281 RIO OSO-WOODLAND (LINE NAME): #2+-INSULATOR PLANNER GROUP: TLN		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/19/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: CNTY RD 24 E/O 1/505		CITY: WOODLAND	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)		DATE FOUND (NOTIF DATE): 05/19/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 05/20/2013 11:03:58 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* REPAIR BROKEN/DOWNED 3/0 STR CU CONDUCTOR BETWEEN 32/195 & 32/196. TOP			
* PHASE CONDUCTOR PARTED AT SUSPENSION SHOE @ TWR 32/195, REPLACED (1)			
* NON-CERAMIC. PER STEVE COOPER REPAIRS COMPLETED BY T-LINE & GC.			
* _____			
* _____			
* 05/21/2013 10:44:16 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* COMPLETED 5/19/13			
* _____			
Completed by: Steve Cooper (SXC9) (Name and LAN ID):		Date: 05/19/2013	Actual Labor-Hours:



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

RIO OSO WOODLAND #2 32/195 RPL CONDUCTO

Reviewed by
(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 REAS- WOODLAND-DAVIS 6/120 RPL INSULATOR F	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 41836321 Created Notification # 106590072
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> NCI - Post (IH06)	<input checked="" type="checkbox"/> Flashed (EL05)		
USER STATUSES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.4210.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40595611		CREW SIZE: 00	599
FUNCTIONAL LOCATION 10359 WOODLAND-DAVIS-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 02/28/2013 ✓	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known):
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 057	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Steve Cooper (SXC9)			DATE FOUND (NOTIF DATE): 01/31/2012 ✓
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 12/20/2012 09:07:28 Angie L. Luz (ALCI) Phone 530/906-0293			
* Reassessment of Notification: 000105940588			
* 02/23/2012 11:03:25 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* ALL (3) NON-CERAMIC INSULATORS ARE FLASHED. REPLACE.			
* _____			
* 02/27/2013 13:16:35 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* NOTIFICATION REASSESSED BY JOHN HANDY JEH6 2/27/13 AND POSTPONE THE			
REQUIRED END DATE UNTIL NEXT PATROL 2/27/14. NO CHANGE, MINOR DAMAGE, NO			
SAFETY OR RELIABILITY ISSUE AT THIS TIME.			
* _____			

COPY



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

REAS- WOODLAND-DAVIS 6/120 RPL INSULATOR

Completed by:
(Name and LAN ID):

Date: 02/27/2013 ✓ **Actual Labor-Hours:**

Reviewed by
(Name and LAN ID):

Date: / /

Line Name: RIO OSO-WOODLAND 1
 Line Code: 10280
 Voltage: 115
 Headquarters: SACRAMENTO
 Contractor: Osmose Utilities Services, Inc.
 Week Ending: 02/02/2008
 Date: 01/29/2008
 Job Number: 1000453
 Reference #: 518RM05B
 Crew ID: 518RM
 Foreman: REY MARTINEZ
 Supervisor: NORWOOD, TIM P
 County: YOLO
 State: CA
 Contract #: 4600012863

Pole ID 000/09M
MFR MKB
YEAR 1987
 X: -121.938603, Y: 38.663497 - WOODLAND
 HWY 99 - R10 OSD SUB 7
CLASS 65/1
LENGTH 65/1
SPECIES DF/G
TREAT 50
ORIG 50
PREV SR 50
CHRG 50
INSP TYPE T
ANC 1
GUY .
WF Pints 1.5
REMARKS AND NOTES
 < 50 FT FROM CURB. Previous Cycle Info: Full Excavate, WoodFume. Year Last Inspected: 1998. Last Inspected By: OSM. Transmission Pole. Framing Type: T-1 (115 KV). Struct Type: SWP. Reported Item: Pole - Missing Identification. Reported Item: Pole - Distribution Underbuild. Attachment: Down Guy. Quantity: 1.

1 0
 1 0

Inspection Type
 External Treat (T).....1

Electric Line Notification

Notification # : 101277614

Page 1

PM Order # : 30387400

Notification Details

Date Reported	: 02/03/2004 (09:13:16)	Reported By	: BRUKHARDT
Desired Start	: 02/02/2005	Priority	: 6
Required End	: 02/02/2006	Planner Group	: TLH Sacramento Line
Element (object)	: Structure - Wood - Do Not Use	Work Center	: 11830 A6 GC Elec-C Drinkw
KDI (damage)	: Rotted	Equip Impact	: M Medium Impact
Cause	:		

Functional Location and Equipment Structure

Line #	: ETL.6740	60067 DIXON-VACA #2+
County	: ETL.6740.POLE	60067 DIXON-VACA #2+-POLE
Asset Type	: ETL.6740.POLE.WOOD	60067 DIXON-VACA #2+-WOOD POLE
Equipment	: 40599351	000/012 SINGLE WOOD POLE
Vaca Dixon #2 Tap (:), Davis-Travis Jct. #2		

Line Data - ETL.6740

Insulation Volt :
Operation Volt :
Structures :
Owner :
Agency :

Equipment Data - 40599351

Longitude :
Latitude :
Framing Config :
Accessibilty :
Property Rights :
UnderBuilt :

Description / Comments : DIXON VACA #2 7/168 REPLACE NG POLE

Additional Information

Accessibility

☐ Foot Only
☐ Light Eqp (crew cabs,pickups)
☐ Medium Eqp (aerial lifts,line trucks)
☐ Heavy Eqp (cranes,tractors)

☐ Hot Work
☐ ISO Clearance Required
☐ Clearance Required - Non ISO
☐ Vegetation Work
☐ Capital
☐ Expense
☐ ISO Scheduled

Inspection Type(s)

☐ Aerial Inspection
☐ Ground Inspection
☐ Climbing Inspection
☐ Non-Routine Inspection

Completion Activities

<u>Activity</u>	<u>Quantity</u>
<input type="checkbox"/> Adjusted	___
<input type="checkbox"/> Assessed	___
<input type="checkbox"/> Cleaned	___
<input type="checkbox"/> Installed	___
<input type="checkbox"/> Located	___
<input type="checkbox"/> Notified Third Party	___
<input type="checkbox"/> Patrol Air	___
<input type="checkbox"/> Patrol Ground	___
<input type="checkbox"/> Patrol Infrared	___
<input type="checkbox"/> Pole Top Extended	___
<input type="checkbox"/> Removed	___
<input type="checkbox"/> Repaired	___
<input checked="" type="checkbox"/> Replaced	001
<input type="checkbox"/> Stubbed	___
<input type="checkbox"/> Tested	___
<input type="checkbox"/> Treated	___
<input type="checkbox"/> Trimmed	___
<input type="checkbox"/> Other	___
Estimated Hours:	___

Completion Comments

Comp By: M. WILLEY

Date: 12/07/04



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DIXON-VACA #2 7/166 INSTALL STUB POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 09/17/2012 15:05:17 Helen Sakai (HXS4) Phone 209/942-1606

* PER OSMOSE POLE HAS BEEN STUBBED.

Completed by:

(Name and LAN ID):

Date: 08/18/2012


Actual Labor-Hours:

Reviewed by

(Name and LAN ID):


Date: / /

CPUC 4/3/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		Drum-Rio Oso #1-115kV Imprv TLine Reliab	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31016723 Created Notification # 107095948
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (0018)		<input checked="" type="checkbox"/> Other (OTHR)	<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1420		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	671
FUNCTIONAL LOCATION 10055 DRUM-RIO OSO #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 12/31/2015		MAIN WORK CENTER: SACTO - Sacramento	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): Marlo Jones (MXHQ)		DATE FOUND (NOTIF DATE): 08/23/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
Completed by: (Name and LAN ID):		Date: 08/23/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

• NOTIFICATION CREATED TO CHARGE TIME FOR A CAPITAL PROJECT TO IMPROVE RELIABILITY TO THE LINE.

CPUC 4/3/14

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DRUM-SUMMIT #1 CORRECT GROUND CLEARANCE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement	Order# Created Notification # 106027940	
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL1440		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10057 DRUM-SUMMIT #1 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/01/2013	MAIN WORK CENTER: SACTO - Sacramento	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): JOHN HANDY		DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/26/2012 15:36:15 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES.			
* _____			
* 05/13/2013 08:28:08 Christina L. Dangerfield (CLD9) Phone 916/386-5422			
* PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE			
BEEN PREPARED <(>&<)> RELEASED TO CONST SEE PM 30884822.			
* _____			
Completed by: (Name and LAN ID):		Date: 05/13/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

o NOTIFICATION WAS CREATED ON THIS WECC
LINE FOR A CAPITAL PROJECT TO IMPROVE
RELIABILITY AND RECONSTRUCT.

o THIS NOTIFICATION WAS CLOSED AND THE WORK
WAS CREATED UNDER A CAPITAL PROJECT

o SHOULD HAVE BEEN DELETED NOT CLOSED.

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DRUM-SUMMIT #2 CORRECT GROUND CLERANCE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 106027941
COMPONENT TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Other (Describe) (IH10)	<input checked="" type="checkbox"/> Other (CH10)		<input checked="" type="checkbox"/> Other (ZOTH)
USER STATUSES			
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.1450		CREW CLASS:	
SAP EQUIPMENT #:		WORK TYPE CODE:	
FUNCTIONAL LOCATION 10058 DRUM-SUMMIT #2		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
(LINE NAME):			
PLANNER GROUP: TLN		ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 05/01/2013		MAIN WORK CENTER: SACTO - Sacramento	
VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): SA		COUNTY CODE (PLANT SECTION) 029	
COMPLETION DATES			
REPORTED BY (Name and LAN ID): JOHN HANDY		DATE FOUND (NOTIF DATE): 04/24/2012	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 04/26/2012 15:37:01 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PREPARE ESTIMATES TO CORRECT GROUND CLEARANCE ON NERC LINES. * _____ * 05/13/2013 08:28:40 Christina L. Dangerfield (CLD9) Phone 916/386-5422 * PER JOHN HANDY JEH6, 5/13/13, CLOSE THIS NOTIFICATION, ESTIMATES HAVE BEEN PREPARED <>&<> RELEASED TO CONST SEE PM 30884838. * _____			
Completed by: (Name and LAN ID):		Date: 05/13/2013	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

